Yesafili™
(aflibercept-jbvf)

Coding & Billing Guide

For Yesafili™ (aflibercept-jbvf) Injection

Please see full Indications on page 4, Important Safety Information on page 29, and accompanying Full Prescribing Information.

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OVERVIEW

PURPOSE OF THIS GUIDE

This Coding and Billing Guide for Yesafili™ (aflibercept-jbvf) is intended to support medically appropriate patient access by providing general information on coding, coverage, billing, and reimbursement to healthcare professionals and their staff who prescribe and administer YESAFILI at a physician office. YESAFILI is a biosimilar to Eylea® (aflibercept) for the indications listed on pages 4 and 29.[1]

DISCLAIMER

The content provided in this guide is for informational purposes only. It 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 YESAFILI claims are accurate, complete, and supported by documentation in the patient's medical record.

Biocon Biologics does not guarantee that payers will consider all codes appropriate for all encounter scenarios, and Biocon Biologics does not guarantee coverage or reimbursement for YESAFILI. Please note that information specific to coding, coverage policies, and payment methodologies is subject to change and should be verified for each patient prior to treatment. The information in this guide is current as of July 2026.

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

INDICATIONS[1]

YESAFILI is a vascular endothelial growth factor (VEGF) inhibitor indicated for the treatment of patients with:

- Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- Macular Edema following Retinal Vein Occlusion (RVO)
- Diabetic Macular Edema (DME)
- Diabetic Retinopathy (DR)

HOW SUPPLIED[1]

YESAFILI is supplied in 2 different presentations:

- YESAFILI is available as a 2 mg (0.05 mL of 40 mg/mL) solution in a single-dose pre-filled syringe (PFS)
- YESAFILI is available as a 2 mg (0.05 mL of 40 mg/mL) solution in a single-dose vial

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- YESAFILI (aflibercept-jbvf) is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or known hypersensitivity to aflibercept or to any of the excipients in YESAFILI.

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

CODING

This section lists some of the billing codes that may be appropriate to report services provided to patients undergoing treatment with YESAFILI.

REPORTING USE OF YESAFILI

Healthcare Common Procedure Coding System (HCPCS): Coding for Originators vs Biosimilars (J Codes vs Q Codes)

Biosimilars are treated as distinct single-source products unlike small-molecule generic drugs, which often share a billing code with the brand name.

Originator Biologics

- Typically billed under a permanent J code (J0178 for Eylea)
- The code effectively represents only that specific brand

Biosimilars

- **Unique Codes:** Each biosimilar usually receives its own unique HCPCS Q code
- **No "Grouping":** CMS does not group biosimilars into a single billing code with the originator (a practice typically done for multisource generics). This allows payers to track exactly which manufacturer's product was used
- **Modifiers:** You may need to use specific modifiers depending on the payer's specific coding guidelines to ensure the claim doesn't get denied as a duplicate

HCPCS Level II Code

HCPCS Level II product codes are assigned by the Centers for Medicare and Medicaid Services (CMS) to report use of FDA-approved biologic products.

Table 1. HCPCS Code for YESAFILI[2]

Code	Description
Q5155	Intravitreal injection, aflibercept-jbvf (Yesafili™), 1 mg

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Each 1 mg dose of YESAFILI equals 1 billing unit; thus, a 2 mg (0.05 mL of 40 mg/mL) solution vial or a 2 mg (0.05 mL of 40 mg/mL) solution pre-filled syringe of drug represents 2 units of Q5155. Inaccurate reporting of drug billing units is a common claims error and can result in denied or delayed payment. When coding for Q5155, report the total number of 1 mg increments administered.

Reporting Discarded Medication (Wastage)

Payers typically cover and pay for both the amount of medication that is administered to a patient and the amount of discarded drug or biologic, called wastage, that is left over from a single-use vial.[3] The amount of medication that was administered to the patient and the amount that was discarded should be documented on the claim forms, as directed by payer guidance. These amounts should also be documented in the patient's medical record. See Table 2 for Medicare-required Modifiers.

HCPCS Modifiers

CMS has established modifiers that must be reported on claims for drugs and biologics that meet the following criteria[3,4]:

- Furnished to a patient enrolled in fee-for-service (FFS) Medicare Part B
- Administered in physician offices and hospital outpatient departments (HOPDs)
- Acquired via the 340B Drug Pricing Program

The following modifiers may be appropriate to bill along with the HCPCS code for YESAFILI for certain claims:

Table 2. Modifiers for YESAFILI[3,4]

Modifier	Description	Sites of Service
-JW	Drug amount discarded/not administered to any patient	• Physician office • Hospital outpatient
-JZ	Zero drug amount discarded/not administered to any patient	
-TB	Drug or biologic acquired with 340B Drug Pricing Program discount, reported for informational purposes for select entities	• Hospital outpatient

National Drug Codes (NDCs)

The United States Food and Drug Administration (FDA) assigns approved medications a 3-segment number known as the NDC that is specific to the labeler (manufacturer), product (identifies a specific drug, strength, and dosage formulation), and package size.[5] YESAFILI has been assigned a 10-digit NDC as listed in the Prescribing Information.[1] The 11-digit format is required by HIPAA (the Health Insurance Portability and Accountability Act) for claims submission. It is typically reported on claims without hyphens or other punctuation marks and preceded by the qualifier "N4." Payers may also require the unit of measure (UoM) after the NDC, to include the qualifier "ML" and NDC quantity (eg, N4XXXXXXXXXX MLx)[5]:

Table 3. NDCs for YESAFILI[1]

YESAFILI 2 mg (0.05 mL of a 40 mg/mL solution)	10-Digit NDC	11-Digit NDC and UoM
Pre-filled syringe	83257-035-41	83257-0035-41 eg, N483257003541 ML0.05
Single-dose vial	83257-013-01	83257-0013-01 eg, N483257001301 ML0.05

The NDC is critical in order for payers to identify YESAFILI as the medication administered. It should be reported on medical claims along with the most appropriate HCPCS code. The NDC location on the claim form may vary by payer.

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

REPORTING DRUG ADMINISTRATION

If a treating healthcare professional decides to administer YESAFILI in a physician office or HOPD, the injection is typically reported to a payer using a Current Procedural Terminology (CPT®)[6] or HCPCS code with a modifier, such as the following:

Table 4. Possible CPT Codes and Modifiers for YESAFILI Intravitreal Injection[6]

Code	Description	Sites of Service
67028	Intravitreal injection of a pharmacologic agent (separate procedure)	• Physician office • Hospital outpatient
Modifier	**Description**	
-LT	Left eye injection	
-RT	Right eye injection	
-50	Bilateral injection	

REPORTING REVENUE CODES

Revenue codes categorize hospital services by revenue center to capture cost data. Many payers require claims to include a revenue code for each service provided in the hospital. The following table shows sample revenue codes that may be relevant for YESAFILI and its administration in HOPDs.

Table 5. Sample Revenue Codes[7]

Code	Description	Appropriate Use
0636	Drugs requiring detailed coding	Use in combination with HCPCS drug code
0250	Pharmacy, general	

REPORTING DIAGNOSIS

The medical necessity for treatment with YESAFILI is reported on physician and hospital claims with *International Classification of Diseases, 10th Revision, Clinical Modification* (ICD-10-CM) codes.[7] ICD-10-CM codes have 3 to 7 digits and must be reported to the highest level of specificity. This means if there is a fifth-digit option in the diagnosis category, the code must be reported out to the fifth digit. Allowable ICD-10-CM diagnosis codes may vary by payer.

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Possible ICD-10-CM Diagnosis Codes for YESAFILI[8]

Table 6.1 Neovascular (Wet) Age-Related Macular Degeneration (AMD)

Exudative Age-Related Macular Degeneration	Right Eye	Left Eye	Bilateral	Unspecified Eye
With active choroidal neovascularization	H35.3211	H35.3221	H35.3231	H35.3291
With inactive choroidal neovascularization	H35.3212	H35.3222	H35.3232	H35.3292
With inactive scar	H35.3213	H35.3223	H35.3233	H35.3293
Stage unspecified	H35.3210	H35.3220	H35.3230	H35.3290

Table 6.2 Macular Edema Following Retinal Vein Occlusion (RVO)

Central Retinal Vein Occlusion	Right Eye	Left Eye	Bilateral	Unspecified Eye
With macular edema	H34.8110	H34.8120	H34.8130	H34.8190
Tributary (Branch) Retinal Vein Occlusion	**Right Eye**	**Left Eye**	**Bilateral**	**Unspecified Eye**
With macular edema	H34.8310	H34.8320	H34.8330	H34.8390

Table 6.3 Diabetic Macular Edema (DME)

Diabetes Mellitus Due to Underlying Condition With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Mild nonproliferative diabetic retinopathy with macular edema	E08.3211	E08.3212	E08.3213	E08.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E08.3311	E08.3312	E08.3313	E08.3319
Severe nonproliferative diabetic retinopathy with macular edema	E08.3411	E08.3412	E08.3413	E08.3419
Proliferative diabetic retinopathy with macular edema	E08.3511	E08.3512	E08.3513	E08.3519
Unspecified diabetic retinopathy with macular edema	E08.311			
Drug or Chemical Induced Diabetes Mellitus With	**Right Eye**	**Left Eye**	**Bilateral**	**Unspecified Eye**
Mild nonproliferative diabetic retinopathy with macular edema	E09.3211	E09.3212	E09.3213	E09.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E09.3311	E09.3312	E09.3313	E09.3319
Severe nonproliferative diabetic retinopathy with macular edema	E09.3411	E09.3412	E09.3413	E09.3419
Proliferative diabetic retinopathy with macular edema	E09.3511	E09.3512	E09.3513	E09.3519
Unspecified diabetic retinopathy with macular edema	E09.311			

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Table 6.3 Diabetic Macular Edema (DME) (continued)

Type 1 Diabetes Mellitus With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Mild nonproliferative diabetic retinopathy with macular edema	E10.3211	E10.3212	E10.3213	E10.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E10.3311	E10.3312	E10.3313	E10.3319
Severe nonproliferative diabetic retinopathy with macular edema	E10.3411	E10.3412	E10.3413	E10.3419
Proliferative diabetic retinopathy with macular edema	E10.3511	E10.3512	E10.3513	E10.3519
Unspecified diabetic retinopathy with macular edema	E10.311			
Type 2 Diabetes Mellitus With	**Right Eye**	**Left Eye**	**Bilateral**	**Unspecified Eye**
Mild nonproliferative diabetic retinopathy with macular edema	E11.3211	E11.3212	E11.3213	E11.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E11.3311	E11.3312	E11.3313	E11.3319
Severe nonproliferative diabetic retinopathy with macular edema	E11.3411	E11.3412	E11.3413	E11.3419
Proliferative diabetic retinopathy with macular edema	E11.3511	E11.3512	E11.3513	E11.3519
Unspecified diabetic retinopathy with macular edema	E11.311			

Table 6.3 Diabetic Macular Edema (DME) (continued)

Other Specified Diabetes Mellitus With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Mild nonproliferative diabetic retinopathy with macular edema	E13.3211	E13.3212	E13.3213	E13.3219
Moderate nonproliferative diabetic retinopathy with macular edema	E13.3311	E13.3312	E13.3313	E13.3319
Severe nonproliferative diabetic retinopathy with macular edema	E13.3411	E13.3412	E13.3413	E13.3419
Proliferative diabetic retinopathy with macular edema	E13.3511	E13.3512	E13.3513	E13.3519
Unspecified diabetic retinopathy with macular edema	E13.311			

Table 6.4 Diabetic Retinopathy (DR)

Diabetes Mellitus Due to Underlying Condition With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Mild nonproliferative diabetic retinopathy without macular edema	E08.3291	E08.3292	E08.3293	E08.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E08.3391	E08.3392	E08.3393	E08.3399
Severe nonproliferative diabetic retinopathy without macular edema	E08.3491	E08.3492	E08.3493	E08.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E08.3521	E08.3522	E08.3523	E08.3529

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Table 6.4 Diabetic Retinopathy (DR) (continued)

Diabetes Mellitus Due to Underlying Condition With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E08.3531	E08.3532	E08.3533	E08.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E08.3541	E08.3542	E08.3543	E08.3549
Stable proliferative diabetic retinopathy	E08.3551	E08.3552	E08.3553	E08.3559
Proliferative diabetic retinopathy without macular edema	E08.3591	E08.3592	E08.3593	E08.3599
Unspecified diabetic retinopathy without macular edema	E08.319			
Drug or Chemical Induced Diabetes Mellitus With	**Right Eye**	**Left Eye**	**Bilateral**	**Unspecified Eye**
Mild nonproliferative diabetic retinopathy without macular edema	E09.3291	E09.3292	E09.3293	E09.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E09.3391	E09.3392	E09.3393	E09.3399
Severe nonproliferative diabetic retinopathy without macular edema	E09.3491	E09.3492	E09.3493	E09.3499

Table 6.4 Diabetic Retinopathy (DR) (continued)

Drug or Chemical Induced Diabetes Mellitus With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E09.3521	E09.3522	E09.3523	E09.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E09.3531	E09.3532	E09.3533	E09.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E09.3541	E09.3542	E09.3543	E09.3549
Stable proliferative diabetic retinopathy	E09.3551	E09.3552	E09.3553	E09.3559
Proliferative diabetic retinopathy without macular edema	E09.3591	E09.3592	E09.3593	E09.3599
Unspecified diabetic retinopathy without macular edema	E09.319			
Type 1 Diabetes Mellitus With	**Right Eye**	**Left Eye**	**Bilateral**	**Unspecified Eye**
Mild nonproliferative diabetic retinopathy without macular edema	E10.3291	E10.3292	E10.3293	E10.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E10.3391	E10.3392	E10.3393	E10.3399
Severe nonproliferative diabetic retinopathy without macular edema	E10.3491	E10.3492	E10.3493	E10.3499

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Table 6.4 Diabetic Retinopathy (DR) (continued)

Type 1 Diabetes Mellitus With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E10.3521	E10.3522	E10.3523	E10.3529
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E10.3531	E10.3532	E10.3533	E10.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E10.3541	E10.3542	E10.3543	E10.3549
Stable proliferative diabetic retinopathy	E10.3551	E10.3552	E10.3553	E10.3559
Proliferative diabetic retinopathy without macular edema	E10.3591	E10.3592	E10.3593	E10.3599
Unspecified diabetic retinopathy without macular edema	E10.319			
Type 2 Diabetes Mellitus With	**Right Eye**	**Left Eye**	**Bilateral**	**Unspecified Eye**
Mild nonproliferative diabetic retinopathy without macular edema	E11.3291	E11.3292	E11.3293	E11.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E11.3391	E11.3392	E11.3393	E11.3399
Severe nonproliferative diabetic retinopathy without macular edema	E11.3491	E11.3492	E11.3493	E11.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E11.3521	E11.3522	E11.3523	E11.3529

Table 6.4 Diabetic Retinopathy (DR) (continued)

Type 2 Diabetes Mellitus With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E11.3531	E11.3532	E11.3533	E11.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E11.3541	E11.3542	E11.3543	E11.3549
Stable proliferative diabetic retinopathy	E11.3551	E11.3552	E11.3553	E11.3559
Proliferative diabetic retinopathy without macular edema	E11.3591	E11.3592	E11.3593	E11.3599
Unspecified diabetic retinopathy without macular edema	E11.319			
Other Specified Diabetes Mellitus With	**Right Eye**	**Left Eye**	**Bilateral**	**Unspecified Eye**
Mild nonproliferative diabetic retinopathy without macular edema	E13.3291	E13.3292	E13.3293	E13.3299
Moderate nonproliferative diabetic retinopathy without macular edema	E13.3391	E13.3392	E13.3393	E13.3399
Severe nonproliferative diabetic retinopathy without macular edema	E13.3491	E13.3492	E13.3493	E13.3499
Proliferative diabetic retinopathy with traction retinal detachment involving the macula	E13.3521	E13.3522	E13.3523	E13.3529

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Table 6.4 Diabetic Retinopathy (DR) (continued)

Other Specified Diabetes Mellitus With	Right Eye	Left Eye	Bilateral	Unspecified Eye
Proliferative diabetic retinopathy with traction retinal detachment not involving the macula	E13.3531	E13.3532	E13.3533	E13.3539
Proliferative diabetic retinopathy with combined traction retinal detachment and rhegmatogenous retinal detachment	E13.3541	E13.3542	E13.3543	E13.3549
Stable proliferative diabetic retinopathy	E13.3551	E13.3552	E13.3553	E13.3559
Proliferative diabetic retinopathy without macular edema	E13.3591	E13.3592	E13.3593	E13.3599
Unspecified diabetic retinopathy without macular edema	E13.319			

The information provided in this document is of a general nature and for informational purposes only; it is not intended to be comprehensive or instructive. Coding and coverage policies change periodically and often without warning. The healthcare provider is solely responsible for determining coverage and reimbursement parameters and appropriate coding for his/her own patients and procedures. In no way should the information provided in this section be considered a guarantee of coverage or reimbursement for any product or service.

COVERAGE & SUPPORT

IMPORTANCE OF BENEFITS VERIFICATION

Verifying a patient's health insurance plan coverage prior to receiving an injection of YESAFILI will identify coding requirements for the product and administration, coverage guidelines, and claims submission criteria.

With a typical response time within 1-2 business days, My Biocon Biologics®:

- Verifies the patient's insurance benefits
- Prepares a detailed Summary of Benefits and shares it with the requester via fax

The Summary of Benefits provides details on:

- The patient's health plan eligibility
- Coverage for the biosimilar and its administration
- Acquisition options
- Prior authorization (PA) requirements
- The patient's out-of-pocket financial responsibility
- The patient's eligibility for copay support (commercially insured patients only), as dictated by their health plan coverage and program terms and conditions

My Biocon Biologics®

Contact My Biocon Biologics for assistance with benefits verification or other coverage and coding-related questions.

Monday-Friday
8 AM-8 PM ET

Call
1-833-612-4626

COVERAGE FOR MEDICARE

Medicare Part B Coverage

YESAFILI is covered under the Part B benefit when it is reasonable and medically necessary for the beneficiary and certain criteria are met.[9] It may be subject to coverage restrictions spelled out in local or national Medicare coverage guidance.

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

In general, Medicare coverage for drugs and biologics under the Part B benefit includes the following requirements[9]:

The drug or biologic must be furnished "incident to" a physician's service, meaning it must be furnished by a physician and administered by the physician, or by auxiliary personnel employed by the physician and under the physician's personal supervision. In addition, the charge for the product must be included in the physician's bill, representing an expense to the physician

The product must **meet the definition of a drug or biological**

The treatment must be **reasonable and necessary for the diagnosis or treatment of the illness or injury for which it is administered**, according to accepted standards of medical practice

The product is **not self-administered**

The product must **be safe and effective**

REIMBURSEMENT

MEDICARE

Medicare provides separate payment for Part B-covered drugs and biologics in outpatient settings.

Physician Office

Medicare reimbursement for biosimilars administered in the physician's office is typically based on the average sales price (ASP) of the biosimilar + 8% of the reference product's ASP.[10] The reference product for YESAFILI is Eylea.[1] However, because YESAFILI is a newly approved product, its ASP will not be immediately available. Until ASP is established, reimbursement is based on the current Medicare Part B payment limit of the reference biological product.[10]

Table 7. Medicare Reimbursement Methodology for a Part B-Covered Biosimilar in the Physician Office Setting[10,11]

At Launch and Until ASP Is Established	Once ASP Is Established
Current payment limit of reference product	ASP of biosimilar + 8% of reference product's ASP

Reimbursement Example

If:

- **Reference biologic ASP** = $1,000
- **Biosimilar ASP** = $820

Then reimbursement would be approximately:

Traditional method:

- $820 + (8% × $1,000)
- = $820 + $80
- = $900

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Hospital Outpatient Department

Medicare payment for Part B-covered biosimilars administered in hospital outpatient clinics varies based on multiple factors, including whether the biosimilar[12]:

- Has an established ASP
- Has temporary pass-through status

Table 8. Medicare Reimbursement Methodology for a Part B-Covered Biosimilar in the Hospital Outpatient Setting[12,13]

At Launch and Until ASP Is Established	Once ASP Is Established
95% of biosimilar average wholesale price (AWP) or payment limit of reference product	ASP of biosimilar + 8% of reference product's ASP*

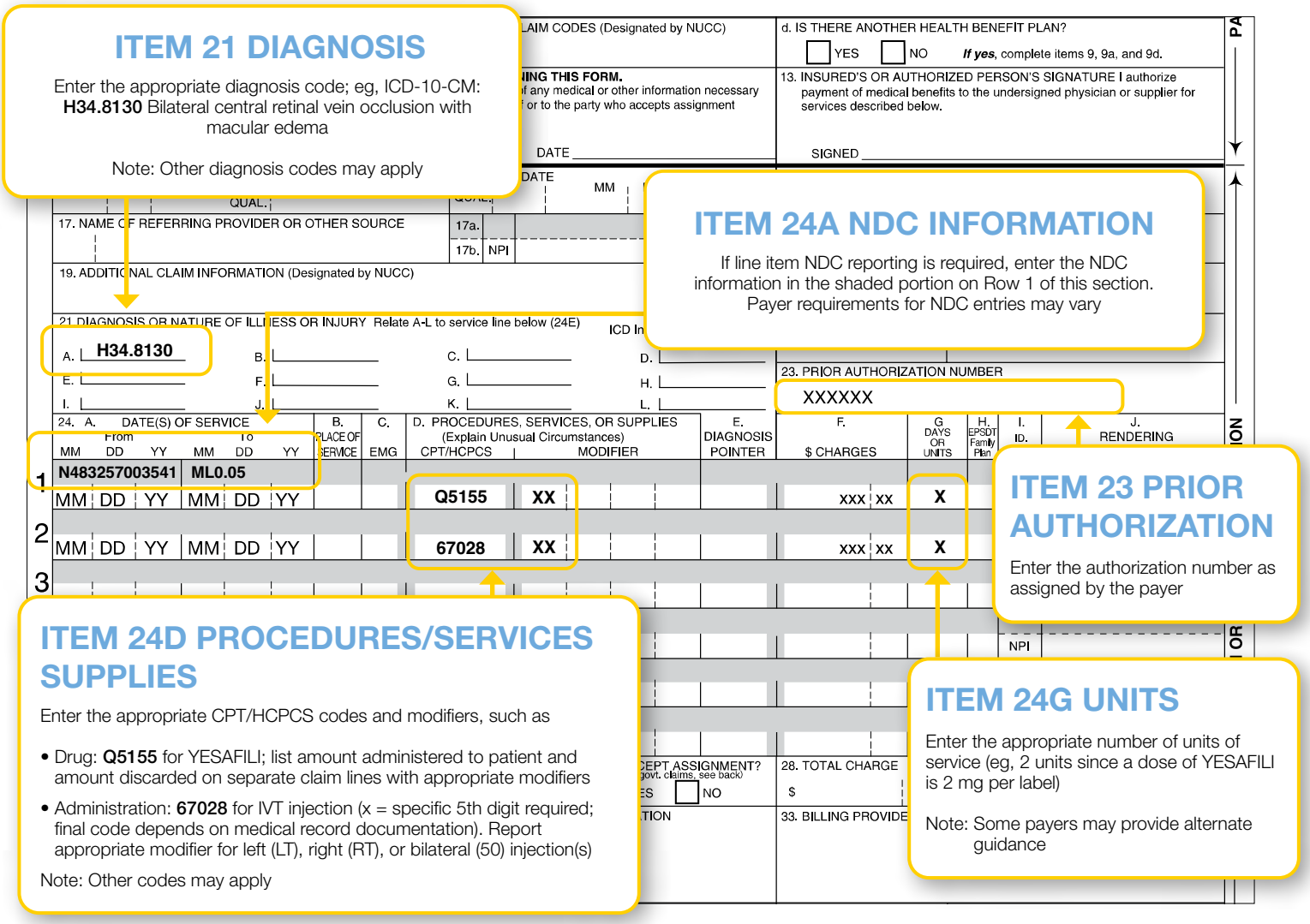
*In accordance with section 11403 of the Inflation Reduction Act, Medicare will pay ASP plus 8% of the reference biological product's ASP only for biosimilars that have an ASP that is not more than that of its reference biological product. Other biosimilars will continue to be paid a rate of ASP plus 6% of its reference biological product's ASP.

For more information, contact your My Biocon Biologics Field Reimbursement Manager. You may also contact your Medicare Administrative Contractor for more information on Medicare policies that may affect reimbursement for YESAFILI.

CLAIMS

SAMPLE CMS-1500 CLAIM FORM

Products and services provided in the physician office setting are billed using the CMS-1500 claim form or the electronic claim file (837P). A sample CMS-1500 claim form for billing YESAFILI is provided below.



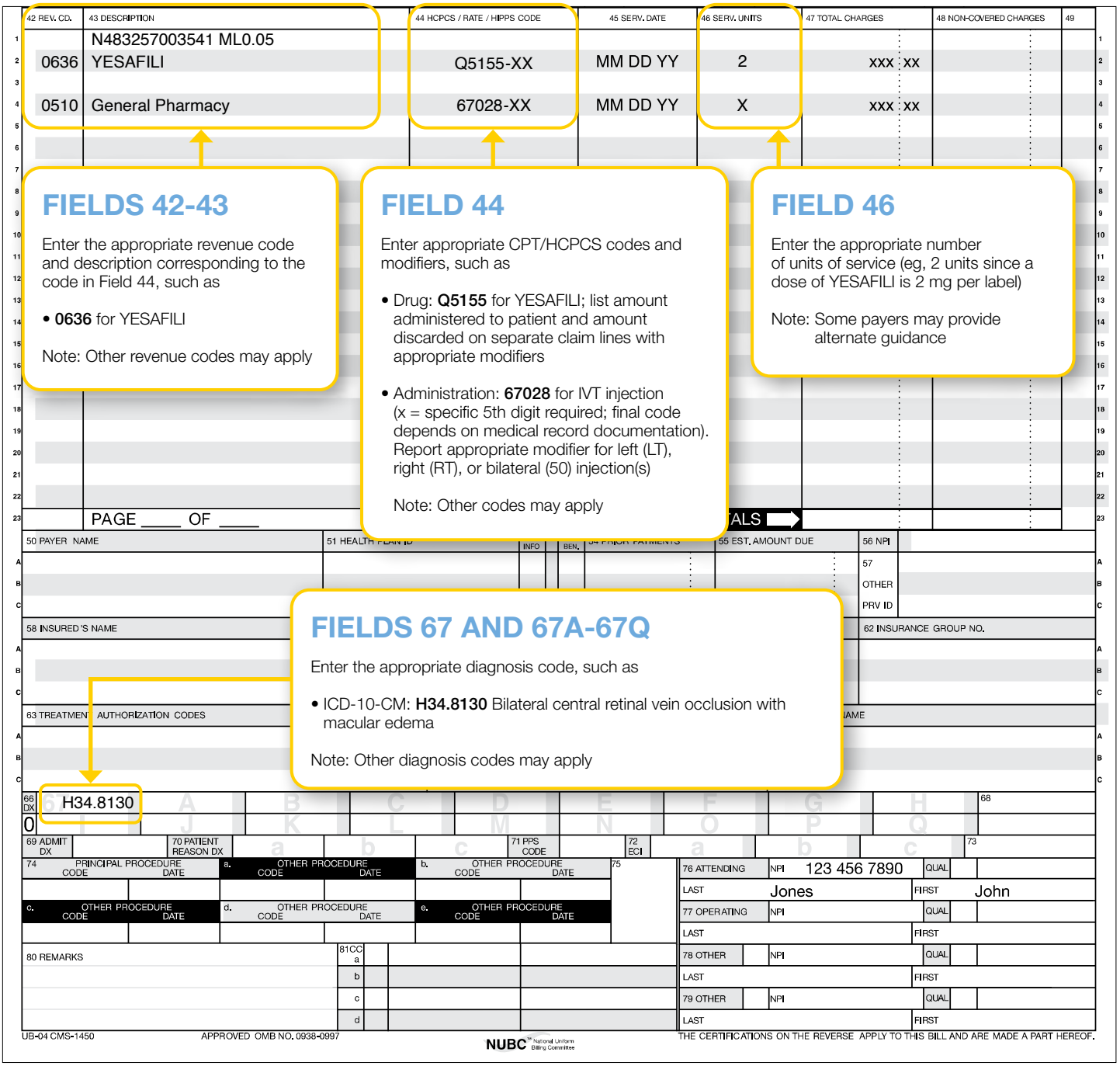
The content provided on these sample claim forms is for informational purposes only and is not intended as legal advice or to replace a medical provider's professional judgment. It is the sole responsibility of the treating healthcare professional to confirm coverage, coding, and claim submission guidance with the patient's health insurance plan to ensure YESAFILI injection claims are accurate, complete, and supported by documentation in the patient's medical record. Biocon Biologics does not guarantee that payers will consider all codes appropriate for all encounter scenarios, and Biocon Biologics does not guarantee YESAFILI coverage or reimbursement.

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Yesafili™ (aflibercept-jbvf)

SAMPLE CMS-1450 (UB-04) CLAIM FORM

Products and services provided in the hospital outpatient facility are billed using the CMS-1450 institutional claim form or the electronic claim file (837I). A sample CMS-1450 claim form for billing YESAFILI administered to a Medicare patient is provided.



FIELDS 42-43

Enter the appropriate revenue code and description corresponding to the code in Field 44, such as

- **0636** for YESAFILI

Note: Other revenue codes may apply

FIELD 44

Enter appropriate CPT/HCPCS codes and modifiers, such as

- Drug: **Q5155** for YESAFILI; list amount administered to patient and amount discarded on separate claim lines with appropriate modifiers
- Administration: **67028** for IVT injection (x = specific 5th digit required; final code depends on medical record documentation). Report appropriate modifier for left (LT), right (RT), or bilateral (50) injection(s)

Note: Other codes may apply

FIELD 46

Enter the appropriate number of units of service (eg, 2 units since a dose of YESAFILI is 2 mg per label)

Note: Some payers may provide alternate guidance

FIELDS 67 AND 67A-67Q

Enter the appropriate diagnosis code, such as

- ICD-10-CM: **H34.8130** Bilateral central retinal vein occlusion with macular edema

Note: Other diagnosis codes may apply

CLEAN CLAIMS SUBMISSION

Submitting an error-free or "clean" claim that has all of the required information necessary may facilitate timely and accurate reimbursement for services rendered. The following are some considerations for preparing and submitting claims for YESAFILI:

Include the correct patient/subscriber information Patient—name, date of birth, and member identification number; provider—provider name, identifier (tax identification number, National Provider Identifier, or other payer-specific identifier), clinic demographic information, and required signatures

Report all of the necessary payer-specific, drug-identifying information for YESAFILI (eg, correct codes, modifiers, units, NDC, brand and generic name, and dose)

Report a primary diagnosis code (and secondary code, if applicable) to the highest level of specificity

Include payer-specific required supplemental information (eg, letter of medical necessity, PA number, chart notes, laboratory tests)

When filing a claim electronically, stay within any payer-mandated character limits for completing the sections that correspond to Item 19 (CMS-1500) or Field 80 (CMS-1450)

File the claim within the payer's required time frame for submission

You may contact My Biocon Biologics for additional information about claims submissions.

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

SAMPLE LETTER OF MEDICAL NECESSITY

Payers may request a letter of medical necessity to support coverage for YESAFILI. The letter explains why the drug was medically necessary for the specific patient and may include supporting documentation. The letter may be submitted as part of a PA request, in tandem with the claim form, or in response to a payer's request for additional documentation.

The following is a sample letter of medical necessity; you may use another form or format.The letter should include patient-specific information, be on your letterhead, and be signed by the prescriber.

<Date>
<Contact Name> <Title>
<Name of Health Insurance Company>
<Address> <City, State Zip>

Insured: <Name>
Policy Number; <Number>
Group Number: <Number>

Dear <Contact's Name>:

I am writing on behalf of my patient, <name of patient>, to request that <name of health insurance company> approve coverage and appropriate reimbursement associated with <name of patient>'s treatment with Yesafili™ (aflibercept-jbvf), which is biosimilar to reference product Eylea. YESAFILI is approved by the FDA for <indication relevant to patient's diagnosis>.

Patient History and Diagnosis

<Name of patient> is a<n> <age>-year-old <indicate gender> born <MM-DD-YEAR> who was diagnosed on <date> with <patient's diagnosis>. <Provide a brief description of patient's symptoms, diagnostic test results, and therapy to date. Describe any surgical procedures, prior treatments, and underlying medical complications.>

Treatment Rationale and Plan

My planned course of treatment is <include detailed information such as regimen, dose, frequency, and duration of treatment, etc>. Based on the above facts, I am confident you will agree that YESAFILI is medically necessary for this patient. If you have any further questions, please call me at <physician's phone number (XXX) XXX-XXXX> to discuss. Thank you in advance for your prompt attention to this request.

Sincerely,

<Physician's name>
<Physician's practice name>
<Phone number>

Enclosures <supporting documentation, such as FDA approval letter and prescribing information, pathology and surgical reports, clinical notes, computerized tomography scans and other imaging reports, additional supporting documentation, as applicable>

APPEALS FOR DENIED CLAIMS

If a payer improperly reimburses or denies a claim for YESAFILI, you may submit an appeal. Many claim denials occur because of incorrect codes, incorrect policy numbers, or missing supplemental documentation, such as a letter of medical necessity.

Many claims issues can be resolved with a single phone call to a payer representative who may be able to reprocess a corrected claim. If not, you may have to carefully craft an appeal letter.

This list offers considerations that may be helpful for appealing denied claims:

Determine the Payer's Process for Filing Appeals

- Use a designated form for the appeal if such a form is required by the payer
- Determine the timely filing limit

Understand the Reason for the Denial

- Read the explanation of benefits (EOB) to find the reason for the claim denial. Payers use remittance advice codes for the service in question. Remittance advice code descriptions are usually included at the bottom of the page
- If the payer needs additional information, compile and submit the necessary documentation as soon as possible
- If you receive a claim denial due to a lack of medical necessity, submit additional documentation that helps to support the physician's clinical decision to prescribe YESAFILI

Draft the Appeal Letter

- Make sure the appeal letter responds to the denial code reason
- Submit a corrected claim if the denial was due to a technical billing error (eg, incorrect patient identifier, missing diagnosis). Write "Corrected Copy" at the top
- Include a copy of the original claim and related denial notification (EOB)
- You may need to include the patient's relevant medical records, prescribing information, FDA approval letter, relevant compendia listings, or journal articles supporting the use of YESAFILI
- Request that an ophthalmology specialist who is familiar with YESAFILI review the appeal letter and additional documentation

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Submit and Track Appeal Status

- Submit the appeal as soon as possible and within the required time limits
- Track claims appeal responses to ensure appeals have been processed appropriately
- Document the result (eg, payment made or if further action is required)

Please see Important Safety Information on page 29 and accompanying Full Prescribing Information.

Yesafili™ (aflibercept-jbvf)

SAMPLE LETTER OF APPEAL

Payers may require a written appeal in cases where they have denied a claim. You may submit an appeal letter in response to a payer's decision for underpayment or nonpayment. Understanding the reason the payer denied the claim is critical for filing a successful appeal; this information can usually be found in the EOB or remittance advice. You may use the sample letter below or another form to appeal a denied claim for YESAFILI. If you use the sample letter here, be sure to customize it with patient-specific details and submit it with additional documentation, as requested by the payer.

<Date>
<Contact Name> <Title>
<Name of Health Insurance Company>
<Address> <City, State Zip>

Insured: <Name>
Policy Number; <Number>
Group Number: <Number>
Claim Control Number: <Number>

Dear <Contact's Name>:

This letter serves as a request for reconsideration for payment of a denied claim representing charges for Yesafili™ (aflibercept-jbvf), a biosimilar to reference product Eylea, which was administered to <name of patient> on <date(s) of service>. <Name of patient> is a<n> <age>-year-old <indicate gender> born <MM-DD-YEAR> who has been under my care for <his/her/their> diagnosis of <patient's diagnosis>. You have indicated that YESAFILI is not covered by <insurance name> because <reason for denial>.

<Provide a brief description of patient's symptoms and therapy to date, and any other pertinent information.>

Treatment with YESAFILI has resulted in <list documented outcomes> for this patient. YESAFILI is approved by the FDA for <indication relevant to patient's diagnosis>. YESAFILI has been administered to <name of patient> per the FDA-approved prescribing information dosing instructions.

YESAFILI is a medically necessary part of <name of patient>'s treatment. I request that an ophthalmology specialist who is familiar with YESAFILI review this appeal letter with the additional enclosed documentation, as I am confident your reconsideration of this claim will yield appropriate coverage for my patient. Please contact me at <physician's phone number (XXX) XXX-XXXX> if you require additional information. Thank you in advance for your prompt attention to this request.

Sincerely,

<Physician's name>
<Physician's practice name>
<Phone number>

Enclosures <supporting documentation, such as FDA approval letter and prescribing information, pathology and surgical reports, clinical notes, computerized tomography scans and other imaging reports, additional supporting documentation, as applicable>

IMPORTANT SAFETY INFORMATION AND INDICATIONS

IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

- Yesafili™ (aflibercept-jbvf) is contraindicated in patients with ocular or periocular infections, active intraocular inflammation, or known hypersensitivity to aflibercept or to any of the excipients in YESAFILI.

WARNINGS AND PRECAUTIONS

- Intravitreal injections, including those with aflibercept products, have been associated with endophthalmitis and retinal detachments and, more rarely, retinal vasculitis with or without occlusion. Proper aseptic injection technique must always be used when administering YESAFILI. Patients and/or caregivers should be instructed to report any signs and/or symptoms suggestive of endophthalmitis, retinal detachment, or retinal vasculitis without delay and should be managed appropriately.
- Acute increases in intraocular pressure have been seen within 60 minutes of intravitreal injection, including with aflibercept products. Sustained increases in intraocular pressure have also been reported after repeated intravitreal dosing with VEGF inhibitors. Intraocular pressure and the perfusion of the optic nerve head should be monitored and managed appropriately.
- There is a potential risk of arterial thromboembolic events (ATEs) following intravitreal use of VEGF inhibitors, including aflibercept products. ATEs are defined as nonfatal stroke, nonfatal myocardial infarction, or vascular death (including deaths of unknown cause).
- The incidence of reported thromboembolic events in wet AMD studies during the first year was 1.8% (32 out of 1824) in the combined group of patients treated with aflibercept compared with 1.5% (9 out of 595) in patients treated with ranibizumab; through 96 weeks, the incidence was 3.3% (60 out of 1824) in the aflibercept group compared with 3.2% (19 out of 595) in the ranibizumab group. The incidence in the DME studies from baseline to week 52 was 3.3% (19 out of 578) in the combined group of patients treated with aflibercept compared with 2.8% (8 out of 287) in the control group; from baseline to week 100, the incidence was 6.4% (37 out of 578) in the combined group of patients treated with aflibercept compared with 4.2% (12 out of 287) in the control group. There were no reported thromboembolic events in the patients treated with aflibercept in the first six months of the RVO studies.

ADVERSE REACTIONS

- Serious adverse reactions related to the injection procedure have occurred in <0.1% of intravitreal injections with aflibercept including endophthalmitis and retinal detachment.
- The most common adverse reactions (≥5%) reported in patients receiving aflibercept were conjunctival hemorrhage, eye pain, cataract, vitreous detachment, vitreous floaters, and intraocular pressure increased.
- Patients may experience temporary visual disturbances after an intravitreal injection with YESAFILI and the associated eye examinations. Advise patients not to drive or use machinery until visual function has recovered sufficiently.
- Patient may experience eye disorders such as retinal vasculitis and occlusive retinal vasculitis related to intravitreal injection with aflibercept.

INDICATIONS

YESAFILI is a vascular endothelial growth factor (VEGF) inhibitor indicated for the treatment of patients with:

- Neovascular (Wet) Age-Related Macular Degeneration (AMD)
- Macular Edema following Retinal Vein Occlusion (RVO)
- Diabetic Macular Edema (DME)
- Diabetic Retinopathy (DR)

Please see accompanying Full Prescribing Information.

Yesafili™ (aflibercept-jbvf)

My Biocon Biologics®

My Biocon Biologics® provides patient access support and can assist with patient-specific verification of benefits for YESAFILI. For assistance:

Monday-Friday
8 AM-8 PM ET

Call
1-833-612-4626

Field Reimbursement Managers

If you need additional guidance on reimbursement, billing, and access assistance, make sure to connect with our team of specialists to provide you with the comprehensive support you need. Simply fill out our request form to connect with a Field Reimbursement Manager today.

REFERENCES

1. YESAFILI. Prescribing information. Biocon Biologics Inc; 2026. **2.** American Medical Association. *HCPCS Level II: Professional 2026*. American Medical Association; 2026. **3.** Centers for Medicare & Medicaid Services. Medicare Program. Discarded drugs and biologicals: JW modifier and JZ modifier policy frequently asked questions. Updated November 2023. Accessed May 22, 2026. https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf **4.** Centers for Medicare & Medicaid Services. Part B hospital (including inpatient hospital Part B and OPPS). In: *Medicare Claims Processing Manual*. Chapter 4. Revised November 22, 2024. Accessed May 22, 2026. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf **5.** Rahjou-Esfandiary L; US Food and Drug Administration. Future format of the National Drug Code. September 12, 2024. Accessed May 22, 2026. https://www.fda.gov/media/184345/download **6.** American Medical Association. *The CPT® 2025 Professional Edition*. American Medical Association; 2024. **7.** Noridian Healthcare Solutions. Revenue codes. Updated March 18, 2024. Accessed May 22, 2026. https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes **8.** US Centers for Disease Control and Prevention. ICD-10-CM tabular list of diseases and injuries. April 1, 2022. Accessed May 22, 2026. https://ftp.cdc.gov/pub/health_statistics/nchs/publications/ICD10CM/2022/icd10cm-tabular-2022-April-1.pdf **9.** Centers for Medicare and Medicaid Services. Covered medical and other health services. In: *Medicare Benefit Policy Manual*. 2026; chapter 15, sections 50.0 and 60.1. Accessed May 22, 2026. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c15.pdf **10.** Centers for Medicare & Medicaid Services. Drugs and biologicals. In: *Medicare Claims Processing Manual*. Chapter 17. Revised August 21, 2025. Accessed July 28, 2026. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c17.pdf **11.** Health and Human Services; Centers for Medicare & Medicaid Services. Medicare program; revisions to payment policies under the physician fee schedule and other revisions to Part B for CY 2018; Medicare shared savings program requirements; Medicare diabetes prevention program. *Fed Regist*. 2017;82(219):53182-53187. November 15, 2017. Accessed May 22, 2026. https://www.gpo.gov/fdsys/pkg/FR-2017-11-15/pdf/2017-23953.pdf **12.** Health and Human Services; Centers for Medicare & Medicaid Services. Medicare program: hospital outpatient prospective payment and ambulatory surgical center payment systems and quality reporting programs. CMS-1736-FC. *Fed Regist*. 2020;85(249):85866. December 29, 2020. Accessed May 22, 2026. https://www.govinfo.gov/content/pkg/FR-2020-12-29/pdf/2020-26819.pdf **13.** Centers for Medicare & Medicaid Services. Inflation Reduction Act: Biosimilars temporary payment increase—frequently asked questions. October 2022. Accessed June 25, 2026. https://www.cms.gov/files/document/biosimilar-faqs.pdf

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