

# CODING TIP SHEET



## For Aukelso™ (denosumab-kyqq) Injection

Healthcare Common Procedure Coding System (HCPCS) Level II product codes are used to report FDA-approved biologic products assigned by the Centers for Medicare and Medicaid Services (CMS). The HCPCS code for AUKELSO is:

### HCPCS Code for AUKELSO<sup>1</sup>

HCPCS Code	Description
Q5161	SC Injection, denosumab-kyqq (Aukelso), 1 mg

### National Drug Code (NDC) for AUKELSO<sup>2</sup>

Product	10-Digit NDC	11-Digit NDC and Unit of Measure (UoM)
AUKELSO (denosumab-kyqq) 120 mg/1.7 mL single-dose vial	83257-030-11	83257-0030-11 eg, N483257003011 ML1.7

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My Biocon Biologics™ provides patient access support and can assist with patient-specific verification of benefits for AUKELSO. For assistance: **Monday-Friday: 8 AM-8 PM ET Call: 1-833-61-BIOCON (or 1-833-612-4626)**

# AUKELSO BILLING CODE TIPS

## Sample CMS-1500 Claim Form

<b>19. ADDITIONAL CLAIM INFORMATION</b> (Designated by NUCC) AUKELSO (denosumab-kytril), dose X mg/kg, XX mg administered and XX mg discarded, 11-digit NDC and UoM N483257003011 ML,7, SC injection										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY</b> Relate A4. to service line below (24E) ICD Ind: 0										22. RESUBMISSION CODE ORIC	
A. C18.x B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____										23. PRIOR AUTHORIZATION NUMBER XXXXXX	
<b>24. A. DATE(S) OF SERVICE</b> From To MM YY MM YY N483257003011 ML17		B. PLACE OF SERVICE 11	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER Q5161			E. DIAGNOSIS POINTER A	F. \$ CHARGES xxx	G. DAYS OR UNITS 120	H. SPRT PER Min	
MM DD YY MM DD YY 11 11				96372				xxx   xx	1		

### 1 ITEM 24 SHADED AREA

CMS guidance suggests entering the NDC as follows: "N4," the 11-digit NDC, UoM "ML," and quantity (mLs per vial)<sup>2</sup>

### 3 ITEM 24D CPT/HCPCS

Enter the HCPCS code for AUKELSO and Current Procedural Terminology (CPT®) code for the subcutaneous (SC) injection. Other codes may apply

### 2 ITEM 19 ADDITIONAL CLAIM INFORMATION

**Payers will likely require the following drug-identifying information to be reported in the Comment field:**

- Drug name (brand and generic), dose, amount administered and amount discarded, NDC and NDC qualifiers, and route of administration
- Payers will generally reimburse for the full quantity of a single-use vial, up to the amount listed on the vial, including discarded amounts not administered to a patient<sup>3,4</sup>

**Payer guidance may vary so check with individual health plans to confirm requirements**

### 4 ITEM 24G UNITS

**Q5161** has a unit value of 1 for every 1 mg administered; 120 units indicates 120 mg

**Disclaimer:** Please note that coding is subject to change and should be verified for each patient prior to treatment. This information is current as of April 2026 and is provided 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 AUKELSO 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 AUKELSO.

**Please see [Full Prescribing Information](#) for AUKELSO.**

**References:** **1.** American Medical Association. *HCPCS Level II: Professional 2026*. American Medical Association; 2026. **2.** AUKELSO. Prescribing information. Biocon Biologics Inc; 2025. **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 November 12, 2025. <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 OPSP). In: *Medicare Claims Processing Manual*. Chapter 4. Revised November 14, 2024. Accessed November 12, 2025. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c04.pdf>

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