

# BILLING AND CODING GUIDE

## POSSIBLE CODING OPTIONS FOR COSELA FOR INJECTION, FOR INTRAVENOUS USE

### » PERMANENT J CODE

Effective: 10/1/2021

HCPCS Level II code:

**J1448** Injection, trilaciclib, 1 mg

CPT<sup>®</sup> code:

96365 Intravenous (IV) infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

*This guide provides coding  
and reimbursement information  
for COSELA<sup>®</sup> (trilaciclib)*

### FIND IN THIS GUIDE

- Overview of codes (NDC, ICD-10-CM, CPT, and HCPCS)
- Appendix:
  - Sample annotated physician office billing CMS-1500
  - Sample annotated hospital outpatient billing CMS-1450/UB-04
- COSELA Cares<sup>™</sup> information

Pharmacosmos Therapeutics provides this material for informational purposes only. This material is not an affirmative instruction as to the appropriate code(s) and modifier(s) to use for a particular service, supply, procedure, or treatment. Physicians and providers are responsible for determining and submitting appropriate codes, modifiers, and claims for all services they render and for determining that those services were reasonable and necessary. Actual codes and/or modifiers used are done so at the sole discretion of the treating physician or facility. You should contact your local payor for the most recent and specific coding and coverage guidelines, and reimbursement applicable to you. Pharmacosmos Therapeutics makes no guarantee regarding medical benefit coverage or reimbursement from any payor. Information included in this material was obtained from third-party sources and is accurate as of the time of its publication but is subject to change without notice.

CPT codes, descriptions, and other data only are copyright 2026 American Medical Association. All Rights Reserved. Applicable FARS/HHSAR apply.

## » Summary of Possible Billing and Coding for COSELA® (trilaciclib)

Important codes include the following:

<b>PRODUCT DESCRIPTION<sup>1</sup></b>	COSELA® (trilaciclib) 300 mg (equivalent to 349 mg of trilaciclib dihydrochloride)
<b>HCPCS LEVEL II CODE</b>	<b>J1448</b> Injection, trilaciclib, 1 mg; effective: 10/1/2021
<b>CPT® CODE</b>	<b>96365</b> Intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

## » ICD-10-CM Diagnosis Codes

The following ICD-10-CM codes may describe diagnoses for patients treated with COSELA.

PRIMARY DIAGNOSIS CODES	
ICD-10-CM	DESCRIPTION
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors

## » ICD-10-CM Diagnosis Codes (cont'd)

The following ICD-10-CM codes may accompany primary diagnoses for patients treated with COSELA.

### SECONDARY DIAGNOSIS CODES

ICD-10-CM	DESCRIPTION
C7A.0	Malignant carcinoid tumors
C77	Secondary and unspecified malignant neoplasm of lymph nodes
C78	Secondary malignant neoplasm of respiratory and digestive organs
C79	Secondary malignant neoplasm of other and unspecified sites
Z87.891	Personal history of nicotine dependence
Z51.11	Encounter for antineoplastic chemotherapy
Z85.79	Personal history of other malignant neoplasms of lymphoid, hematopoietic, and related tissues

## » Current Procedural Terminology (CPT®)

The chart below lists the potential CPT code for your reference when submitting claims for COSELA® (trilaciclib).

CPT CODE	DESCRIPTION
<b>96365</b>	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour

## » Healthcare Common Procedure Coding System (HCPCS)

HCPCS CODE	DESCRIPTION
<b>J1448</b>	Injection, trilaciclib, 1 mg
MODIFIERS	
<b>JW</b>	Drug amount discarded/not administered to any patient (drug amount discarded)
<b>JZ</b>	Zero drug amount discarded/not administered (drug amount infused)

**NOTE:** Under CMS requirements, you may be reimbursed for both administered and discarded product up to the labeled amount of the product.

## » National Drug Code (NDC)

COSELA NDC numbers are listed below. Please note that converting the 10-digit NDC to an 11-digit NDC requires the use of a leading zero in the product code or middle section of the NDC.

COSELA PACKAGE SIZE	NDC
3 in. x 1.5 in. (carton size)	10-digit: 73462-101-01 <sup>a</sup> or 73594-0101-1 <sup>b</sup>
	11-digit: 73462-0101-01 <sup>a</sup> or 73594-0101-01 <sup>b</sup>
DISPENSING PACK QUANTITY	<b>1 vial/carton</b>

<sup>a</sup>These NDCs contain the previous labeler code, 73462, and will remain in inventory until expiry.

<sup>b</sup>These NDCs contain the Pharmacosmos Therapeutics Inc. labeler code, 73594.

CPT codes, descriptions, and other data only are copyright 2026 American Medical Association. All Rights Reserved. Applicable FARS/HHSAR apply.

Reference: 1. COSELA (trilaciclib). Prescribing Information. Pharmacosmos Therapeutics Inc.; 2025.


Please see Important Safety Information on page 7 and Full Prescribing Information.

**COSELA**<sup>®</sup>  
trilaciclib for injection  
300 mg

# » Coding Resource

## CMS-1500 Annotated Claim Form

It's important to include the drug name, NDC, and dose given in Item 19 when filling out the CMS-1500 form. Confirm with each patient's health plan, as the information required may vary.



### HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input checked="" type="checkbox"/> FECA BLK/LUNG <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>Smith, Karen A.</b>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) <b>Smith, Karen A.</b>	
3. PATIENT'S BIRTH DATE <b>03 14 49</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) <b>123 Main St.</b>	
5. PATIENT'S ADDRESS (No., Street) <b>123 Main St.</b>		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
8. RESERVED FOR NUCC USE		8. RESERVED FOR NUCC USE	
CITY <b>New York</b> STATE <b>NY</b>		CITY <b>New York</b> STATE <b>NY</b>	
ZIP CODE <b>10001</b> TELEPHONE (Include Area Code) <b>(212) 555-6789</b>		ZIP CODE <b>10001</b> TELEPHONE (Include Area Code) <b>(212) 555-6789</b>	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
b. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
c. RESERVED FOR NUCC USE		c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. CLAIM CODES (Designated by NUCC)	
<p><b>READ BACK OF FORM BEFORE COMPLETING &amp; SIGNING THIS FORM.</b></p> <p>12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.</p>			
SIGNED <i>Karen Smith</i> DATE <b>MM/DD/YY</b>		SIGNED <i>Karen Smith</i> DATE <b>MM/DD/YY</b>	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) <b>MM DD YY</b> QUAL.		15. OTHER DATE QUAL. <b>MM DD YY</b>	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM <b>MM DD YY</b> TO <b>MM DD YY</b>	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
A. _____ B. _____ C. _____ D. _____		23. PRIOR AUTHORIZATION NUMBER	
E. _____ F. _____ G. _____ H. _____			
I. _____ J. _____ K. _____ L. _____			
24. A. DATE(S) OF SERVICE From <b>MM DD YY</b> To <b>MM DD YY</b>		E. DIAGNOSIS POINTER	
B. PLACE OF SERVICE		F. \$ CHARGES	
C. EMG		G. DATES OR UNITS	
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		H. EPSON Family Plan	
1 <b>N473462010101ME1</b>		I. ID. QUAL.	
<b>MM DD YY MM DD YY</b>		J. RENDERING PROVIDER ID. #	
2 <b>N473462010101ME1</b>			
<b>MM DD YY MM DD YY</b>			
3			
4			
5			
6			
25. FEDERAL TAX I.D. NUMBER <b>12345</b> SSN EIN		28. TOTAL CHARGE \$	
26. PATIENT'S ACCOUNT NO. <b>12345</b>		29. AMOUNT PAID \$	
27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30. Rsvd for NUCC Use	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <i>John Doe MD</i> <b>MM/DD/YY</b>		33. BILLING PROVIDER INFO & PH # ( )	
32. SERVICE FACILITY LOCATION INFORMATION <b>Oncology Specialists of Springfield</b> <b>123 Main St., Springfield Anytown USA</b>		33. BILLING PROVIDER INFO & PH # ( ) <b>Oncology Specialists of Springfield</b> <b>123 Main St., Springfield Anytown USA</b>	
a. <b>NPI</b> b.		a. <b>NPI</b> b.	

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

CARRIER

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

**Prescribers use this form when billing insurers for medication administered in the physician's office and for their professional services.**

The suggestions contained on this form are for example only and Pharmacosmos Therapeutics makes no representation that the information is accurate or that it will comply with the requirements of any particular payor/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payor/insurer. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. Pharmacosmos Therapeutics makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

**Input Diagnosis Code(s) here**

**Complete Sections E-J**

4

# » Coding Resource

## UB-04 Annotated Claim Form

1 Billing provider name		2 Billing provider designated pay-to		3 PAT CNTL # alpha-numeric code assigned by provider		4 TYPE OF BILL 0234	
Address, city, state, zip code + extension		Name, address, city, state, ID		5 FED. TAX NO. 12-345678		6 STATEMENT PERIOD FROM MM/DD/YY TO MM/DD/YY	
7 area code, phone, fax, country code		Leave blank					
8 PATIENT NAME a Last, first, MI, identifier		9 PATIENT ADDRESS b		a Mailing address			
10 BIRTHDATE		11 SEX		ADMISSION DATE 13 HR 14 TYPE 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 OCCURRENCE DATE 35 OCCURRENCE DATE		36 OCCURRENCE SPAN THROUGH 37 OCCURRENCE SPAN THROUGH	
MM/DD/YY		MM/DD/YY		MM/DD/YY		MM/DD/YY	
38		39 VALUE CODES AMOUNT 40 VALUE CODES AMOUNT 41 VALUE CODES AMOUNT					
42 REV. CD.		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV DATE 46 SERV UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49	
		N473462010101ME1		J1448 JZ		MM/DD/YY 400 MG	
		N473462010101ME1		J1448 JW		MM/DD/YY 200 MG	
PAGE OF		CREATION DATE		TOTALS			
50 PAYER NAME		51 HEALTH PLAN ID		52 PRIOR PAYMENTS		53 EST. AMOUNT DUE	
Payer identification - Primary						56 NPI Billing provider number	
Payer identification - Secondary						57 OTHER Other provider number	
Payer identification - Tertiary						58 PRIV ID Other provider number	
58 INSURED'S NAME		59 FIEL 60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
				(of the insured) Primary			
				(of the insured) Secondary			
				(of the insured) Tertiary			
66 DX C34.XX							
67 ADMIT DX C86.4		70 PAYMENT REASON DX		71 PPS CODE		72 BCI	
74 PRINCIPAL PROCEDURE DATE MM/DD/YY		a OTHER PROCEDURE DATE MM/DD/YY		b OTHER PROCEDURE DATE MM/DD/YY		76 ATTENDING NPI MD Provider Number	
c OTHER PROCEDURE DATE MM/DD/YY		d OTHER PROCEDURE DATE MM/DD/YY		e OTHER PROCEDURE DATE MM/DD/YY		77 OPERATING NPI Operating MD number	
80 REMARKS		b1 COSELA		78 OTHER NPI		79 OTHER NPI	
COSELA® (trilaciclib) for injection; for intravenous use;		b2		LAST		FIRST	
NDC: 73462-0101-01 or 73594-0101-01; Dose: xx; cost		c		LAST		FIRST	
		d		LAST		FIRST	

Hospitals use this form when billing insurers for medication administered in the inpatient or outpatient setting. Outpatient hospitals should bill with the appropriate revenue code.

The suggestions contained on this form are for example only and Pharmacosmos Therapeutics makes no representation that the information is accurate or that it will comply with the requirements of any particular payor/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payor/insurer. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. Pharmacosmos Therapeutics makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

Enter detailed drug description: the N4 indicator, the 11-digit NDC, a code describing the unit of measurement qualifier (eg, ME for milligrams), and the unit quantity. Example: N473462010101ME1

Input Diagnosis Code(s) here





# The COSELA Cares™ Patient Support Program

## Your single source for access and affordability solutions

### COSELA Cares offers a suite of solutions to help you address access and reimbursement hurdles



Benefits verification to confirm patient coverage and out-of-pocket responsibilities



Providing resources that connect eligible patients, regardless of insurance type, to appropriate support options for high deductibles, copays, or coinsurance<sup>a</sup>



Payor-specific guidance for prior authorizations and appeals



Help eligible patients who meet program criteria access COSELA treatment and support resources



Assistance navigating insurance-related delays or coverage denials

**For your eligible commercial patients, copay assistance is available through separate enrollment at [COSELAcopy.com](http://COSELAcopy.com)**



Complete and submit the form to enroll patients in COSELA Cares.  
**Download the enrollment form at [www.cosela.com/patient-support](http://www.cosela.com/patient-support).**  
**Fax the completed form to 1-833-329-4121.**



Call us with questions at **1-833-418-6663**, Monday – Friday, 8 AM – 6 PM ET.



Or email us at [enroll@COSELAcares.com](mailto:enroll@COSELAcares.com).

<sup>a</sup>COSELA Cares provides informational support only and does not submit claims or perform administrative services on behalf of providers. Program participation does not guarantee insurance coverage, product access, or reimbursement. Eligibility and restrictions apply.



SCAN HERE to visit  
[www.cosela.com/patient-support](http://www.cosela.com/patient-support)  
for additional information.



## INDICATION

COSELA is indicated to decrease the incidence of chemotherapy-induced myelosuppression in adult patients when administered prior to a platinum/etoposide-containing regimen or topotecan-containing regimen for extensive-stage small cell lung cancer (ES-SCLC).

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATION

- COSELA is contraindicated in patients with a history of serious hypersensitivity reactions to trilaciclib.

### WARNINGS AND PRECAUTIONS

#### **Injection-Site Reactions, Including Phlebitis and Thrombophlebitis**

- COSELA administration can cause injection-site reactions, including phlebitis and thrombophlebitis, which occurred in 56 (21%) of 272 patients receiving COSELA in clinical trials, including Grade 2 (10%) and Grade 3 (0.4%) adverse reactions. Monitor patients for signs and symptoms of injection-site reactions, including infusion-site pain and erythema during infusion. For mild (Grade 1) to moderate (Grade 2) injection-site reactions, flush line/cannula with at least 20 mL of sterile 0.9% Sodium Chloride Injection, USP or 5% Dextrose Injection, USP after end of infusion. For severe (Grade 3) or life-threatening (Grade 4) injection-site reactions, stop infusion and permanently discontinue COSELA. Injection-site reactions led to discontinuation of treatment in 3 (1%) of the 272 patients.

#### **Acute Drug Hypersensitivity Reactions**

- COSELA administration can cause acute drug hypersensitivity reactions, which occurred in 16 (6%) of 272 patients receiving COSELA in clinical trials, including Grade 2 reactions (2%). Monitor patients for signs and symptoms of acute drug hypersensitivity reactions. For moderate (Grade 2) acute drug hypersensitivity reactions, stop infusion and hold COSELA until the adverse reaction recovers to Grade  $\leq$ 1. For severe (Grade 3) or life-threatening (Grade 4) acute drug hypersensitivity reactions, stop infusion and permanently discontinue COSELA.

#### **Interstitial Lung Disease/Pneumonitis**

- Severe, life-threatening, or fatal interstitial lung disease (ILD) and/or pneumonitis can occur in patients treated with cyclin-dependent kinases (CDK)4/6 inhibitors, including COSELA, with which it occurred in 1 (0.4%) of 272 patients receiving COSELA in clinical trials. Monitor patients for pulmonary symptoms of ILD/pneumonitis. For recurrent moderate (Grade 2) ILD/pneumonitis, and severe (Grade 3) or life-threatening (Grade 4) ILD/pneumonitis, permanently discontinue COSELA.

#### **Embryo-Fetal Toxicity**

- Based on its mechanism of action, COSELA can cause fetal harm when administered to a pregnant woman. Females of reproductive potential should use an effective method of contraception during treatment with COSELA and for at least 3 weeks after the final dose.

### ADVERSE REACTIONS

- Serious adverse reactions occurred in 30% of patients receiving COSELA. Serious adverse reactions reported in >3% of patients who received COSELA included respiratory failure, hemorrhage, and thrombosis.
- Fatal adverse reactions were observed in 5% of patients receiving COSELA. Fatal adverse reactions for patients receiving COSELA included pneumonia (2%), respiratory failure (2%), acute respiratory failure (<1%), hemoptysis (<1%), and cerebrovascular accident (<1%).
- Permanent discontinuation due to an adverse reaction occurred in 9% of patients who received COSELA. Adverse reactions leading to permanent discontinuation of any study treatment for patients receiving COSELA included pneumonia (2%), asthenia (2%), injection-site reaction, thrombocytopenia, cerebrovascular accident, ischemic stroke, infusion-related reaction, respiratory failure, and myositis (<1% each).
- Infusion interruptions due to an adverse reaction occurred in 4.1% of patients who received COSELA.
- The most common adverse reactions ( $\geq$ 10%) were fatigue, hypocalcemia, hypokalemia, hypophosphatemia, aspartate aminotransferase increased, headache, and pneumonia.

### DRUG INTERACTIONS

- COSELA is an inhibitor of OCT2, MATE1, and MATE-2K. Co-administration of COSELA may increase the concentration or net accumulation of OCT2, MATE1, and MATE-2K substrates in the kidney (e.g., dofetilide, dalfampridine, and cisplatin).

To report suspected adverse reactions, contact Pharmacosmos Therapeutics at 1-800-790-4189 or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

**Please see Important Safety Information on page 7  
and Full Prescribing Information.**

COSELA® and COSELA Cares™ are trademarks of Pharmacosmos Holding A/S.  
© 2026 Pharmacosmos Therapeutics Inc. (a Pharmacosmos Group company).  
All rights reserved. US-TCB-2400118 V3 01/26

**PHARMACOSMOS**  
T H E R A P E U T I C S

**COSELA**®  
trilaciclib for injection  
300 mg