

SAMPLE CODING

ACTEMRA for Intravenous (IV) Infusion

| TYPE | CODE | DESCRIPTION |
|----------------------|---------------|--|
| Diagnosis: ICD-10-CM | D89.833 | Cytokine release syndrome, grade 3 |
| | D89.834 | Cytokine release syndrome, grade 4 |
| | D89.835 | Cytokine release syndrome, grade 5 |
| | D89.839 | Cytokine release syndrome, grade unspecified |
| | J12.82 | Pneumonia due to coronavirus disease 2019 |
| | M05.00–M05.09 | Felty's syndrome (rheumatoid arthritis with splenomegaly and leukopenia) |
| | M05.10–M05.19 | Rheumatoid lung disease with rheumatoid arthritis of unspecified site |
| | M05.20–M05.29 | Rheumatoid vasculitis with rheumatoid arthritis |
| | M05.30–M05.39 | Rheumatoid heart disease with rheumatoid arthritis |
| | M05.40–M05.49 | Rheumatoid myopathy with rheumatoid arthritis |
| | M05.50–M05.59 | Rheumatoid polyneuropathy with rheumatoid arthritis |
| | M05.60–M05.69 | Rheumatoid arthritis with involvement of other organs and systems |
| | M05.70–M05.79 | Rheumatoid arthritis with rheumatoid factor without organ or systems involvement |
| | M05.7A | Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement |
| | M05.80–M05.8A | Other rheumatoid arthritis with rheumatoid factor |
| | M05.9 | Rheumatoid arthritis with rheumatoid factor, unspecified |
| | M06.00–M06.09 | Rheumatoid arthritis without rheumatoid factor |
| | M06.0A | Rheumatoid arthritis without rheumatoid factor, other specified site |
| | M06.80–M06.8A | Other specified rheumatoid arthritis |
| | M06.9 | Rheumatoid arthritis, unspecified |
| | M08.20–M08.29 | Juvenile rheumatoid arthritis with systemic onset |

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code.

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any item or service.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

for **ACTEMRA®**
(tocilizumab)

ACTEMRA for Intravenous (IV) Infusion (cont)

| TYPE | CODE | | DESCRIPTION |
|--|-----------------|-----------------|---|
| Diagnosis: ICD-10-CM | M08.2A | | Juvenile rheumatoid arthritis with systemic onset, other specified site |
| | M08.3 | | Juvenile rheumatoid polyarthritis (seronegative) |
| | M08.80 | | Other juvenile arthritis, unspecified site |
| | M08.90 | | Juvenile arthritis, unspecified, unspecified site |
| | M31.5 | | Giant cell arteritis with polymyalgia rheumatica |
| | M31.6 | | Other giant cell arteritis |
| | U07.1 | | COVID-19 |
| Drug: HCPCS | J3262 | | Injection, tocilizumab, 1 mg |
| HCPCS: Modifier* Note: Beginning July 1, 2023, CMS requires the use of the JZ modifier to indicate there were no units of a drug discarded. | JW | | Drug amount discarded/not administered to any patient |
| | JZ | | Zero drug amount discarded/not administered to any patient |
| Drug: NDC Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference. | 10-digit | 11-digit | |
| | 50242-135-01 | 50242-0135-01 | 80 mg (4 mL) single-use vial |
| | 50242-136-01 | 50242-0136-01 | 200 mg (10 mL) single-use vial |
| | 50242-137-01 | 50242-0137-01 | 400 mg (20 mL) single-use vial |

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*The JW modifier is required on claims for all single-dose container or single-use drugs when an amount is discarded. While not required until July 1, 2023, the JZ modifier is available for use as of January 1, 2023. For more information on the JW and JZ modifiers, visit CMS.gov.

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ACTEMRA for Intravenous (IV) Infusion (cont)

| TYPE | CODE | DESCRIPTION |
|--|-------|--|
| Administration procedures: CPT | 96365 | Intravenous infusion, for therapy, prophylaxis or diagnosis (specify substance or drug); initial, up to 1 hour |
| | 96413 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug |
| COVID-19 HCPCS codes for Medicare patients*† Note: COVID-19 HCPCS codes are valid for ACTEMRA through the end of the calendar year in which the COVID-19 public health emergency expires. | Q0249 | Tocilizumab for COVID-19 - Drug |
| | M0249 | Tocilizumab for COVID-19 - First administration |
| | M0250 | Tocilizumab for COVID-19 - Second administration |

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*During the COVID-19 public health emergency, Medicare will cover and pay for infusion of ACTEMRA the same way it covers and pays for COVID-19 vaccines, using temporary billing codes.¹

†The Centers for Medicare & Medicaid Services provides a set of toolkits for providers, states and insurers to help the health care system prepare and assist in swiftly administering these products once they become available.²

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1. US Department of Health and Human Services. Monoclonal antibody COVID-19 infusion. Accessed June 13, 2023. <https://www.hhs.gov/guidance/document/monoclonal-antibody-covid-19-infusion> 2. Centers for Medicare & Medicaid Services. COVID-19 vaccines and monoclonal antibodies. Accessed June 13, 2023. <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

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Please see the full [Prescribing Information](#), including **BOXED WARNING**, for Important Safety Information.