

for ENSPRYNG® (satralizumab-mwge)

SAMPLE CODING

Neuromyelitis Optica Spectrum Disorder (NMOSD)

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	G36.0		Neuromyelitis optica [Devic]
Drug: HCPCS	J3590		Unclassified biologics
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.	JZ		Zero drug amount discarded/not administered to any patient
Drug: NDC	10-digit	11-digit	
	50242-007-01	50242-0007-01	120 mg/1 mL, single-dose prefilled syringe
Administration procedures: CPT	96372		Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

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.

*While not required until July 1, 2023, the JZ modifier is available for use as of January 1, 2023. For more information on the JZ modifier, visit CMS.gov.

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.

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For safety information, please see the full [Prescribing Information](#) and [Medication Guide](#).