

for OCREVUS ZUNOVO™ (ocrelizumab & hyaluronidase-ocsq)

SAMPLE CODING

Multiple Sclerosis (MS)

ТҮРЕ	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	G35		Multiple sclerosis
Drug: HCPCS	J2351		Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
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	
	50242-554-01	50242-0554-01	Ocrelizumab 920 mg and hyaluronidase 23,000 units single-dose vial
Administration procedures: CPT	96401		Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
Home injection: HCPCS	G0089 (initial)		Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
	G0069 (subsequent)		Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes
HCPCS: Modifier*	JZ		Zero drug amount discarded/not administered to any patient
	25		Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service

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.

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For safety information, please see the full Prescribing Information and Medication Guide.



^{*}The JZ modifier is required on claims for all single-dose containers or single-use drugs when no drug is discarded/administered to any patient as of July 1, 2023. For more information on the JZ modifier, visit CMS.gov.