

SAMPLE CODING

Pemphigus Vulgaris (PV)

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	L10.0		Pemphigus vulgaris
Drug: HCPCS	J9312		Injection, rituximab, 10 mg
	Other drugs: for ancillary premedications and supplies as appropriate	J1100	Injection, dexamethasone sodium phosphate, 1 mg
		J1200	Injection, diphenhydramine HCL, up to 50 mg
		J2920	Injection, methylprednisolone sodium succinate, up to 40 mg
		J2930	Injection, methylprednisolone sodium succinate, up to 125 mg
		J7030	Infusion, normal saline solution, 1000 cc
		J7040	Infusion, normal saline solution, sterile (500 mL = 1 unit)
HCPCS: Modifier*	JW		Drug amount discarded/not administered to any patient
	JZ		Zero drug amount discarded/not administered to any patient
Drug: NDC	10-digit	11-digit	
	50242-051-21	50242-0051-21	100 mg/10 mL single-dose vial
	50242-053-06	50242-0053-06	500 mg/50 mL single-dose vial

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.

*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.

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 and Biogen do 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.

Pemphigus Vulgaris (PV) (cont)

TYPE	CODE	DESCRIPTION
Administration procedures for Rituxan: CPT	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
	96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
Administration procedures for supportive medicines: CPT	96367	Intravenous infusion, for therapy, prophylaxis or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure) (Report 96367 in conjunction with 96365, 96374, 96409, 96413 to identify the infusion of a new drug/substance provided as a secondary or subsequent service after a different initial service is administered through the same IV access. Report 96367 only once per sequential infusion of same infusate mix)
	96375	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure) (Use 96375 in conjunction with 96365, 96374, 96409, 96413) (Report 96375 to identify intravenous push of a new substance/ drug if provided as a secondary or subsequent service after a different initial service is administered through the same IV access)

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