

SAMPLE CODING

Rheumatoid Arthritis (RA)

TYPE	CODE	DESCRIPTION
Diagnosis: ICD-10-CM	M05.00–M05.09	Felty’s syndrome (rheumatoid arthritis with splenoadenomegaly and leukopenia)
	M05.10–M05.19	Rheumatoid lung disease with rheumatoid arthritis
	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

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 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.

Rheumatoid Arthritis (RA) (cont)

TYPE	CODE		DESCRIPTION
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)
		J7050	Infusion, normal saline solution, 250 cc
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	
	50242-051-21	50242-0051-21	100 mg/10 mL single-dose vial
	50242-053-06	50242-0053-06	500 mg/50 mL single-dose vial
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)

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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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for **Rituxan**[®]
(rituximab)

Rheumatoid Arthritis (RA) (cont)

TYPE	CODE	DESCRIPTION
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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