

for VABYSMO® (faricimab-svoa)

SAMPLE CODING

Macular Edema Following Retinal Vein Occlusion (RVO)

ICD-10-CM Diagnosis Codes

RVO WITH MACULAR EDEMA	RIGHT EYE	LEFT EYE	BILATERAL	UNSPECIFIED EYE
Central	H34.8110	H34.8120	H34.8130	H34.8190
Tributary (branch)	H34.8310	H34.8320	H34.8330	H34.8390

Drug and Administration Codes

TYPE	CODE		DESCRIPTION
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	
	50242-096-01	50242-0096-01	VABYSMO (6 mg [0.05 mL of 120 mg/mL solution]) in a single-dose vial with sterile 5-micron, blunt transfer filter needle (18-gauge × 1½-inch)
	50242-096-03	50242-0096-03	VABYSMO (6 mg [0.05 mL of 120 mg/mL solution]) in a single-dose vial
	50242-096-06	50242-0096-06	VABYSMO (6 mg [0.05 mL of 120 mg/mL solution]) in a single-dose prefilled syringe with a sterile injection filter needle (30-gauge × ½-inch, Extra Thin Wall)

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code.

**Some payers may require the vial NDC instead of the carton. Please check the individual payer's NDC billing policy for billing direction.*

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

VABYSMO[®]

(faricimab-svoa)

Macular Edema Following Retinal Vein Occlusion (RVO) (cont)

Drug and Administration Codes (cont)		
TYPE	CODE	DESCRIPTION
Drug: HCPCS	J2777	Injection, faricimab-svoa, 0.1 mg
HCPCS: Modifier*	JZ	Zero drug amount discarded/not administered to any patient
CPT code	67028	Intravitreal injection of a pharmacologic agent (separate procedure)
CPT modifier	–LT	Left eye modifier
	–RT	Right eye modifier

BILLABLE UNITS

Bill 60 units with J2777 for the 6-mg single-dose of VABYSMO. Payers might have different preferences for billing for VABYSMO. Check with your local payers for specific billing unit information.

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; LT=left; RT=right.

*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.

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