



## (omalizumab) for subcutaneous use

## **SAMPLE CODING**

## Chronic Rhinosinusitis with Nasal Polyps (CRSwNP)

ТҮРЕ	CODE		DESCRIPTION		
Diagnosis: ICD-10-CM	J33.0		Polyp of nasal cavity		
	J33.1		Polypoid sinus degeneration		
	J33.8		Other polyp of sinus		
	J33.9		Nasal polyp, unspecified		
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			
	50242-214-01	50242-0214-01	Previous 75-mg Prefilled Syringe	us 75-mg Prefilled Syringe	
	50242-215-01	50242-0215-01	Previous 150-mg Prefilled Syringe		
	50242-214-03	50242-0214-03	Updated 75-mg Prefilled Syringe	NDCs are effective April 11, 2025.	
	50242-215-03	50242-0215-03	Updated 150-mg Prefilled Syringe		
	50242-040-62	50242-0040-62	150-mg Single-dose Vial		
	50242-227-01	50242-0227-01	300-mg Prefilled Syringe		
	50242-214-55	50242-0214-55	75-mg Autoinjector		
	50242-215-55	50242-0215-55	150-mg Autoinjector		
	50242-227-55	50242-0227-55	300-mg Autoinjector		
Drug: HCPCS	J2357		Injection, omalizumab, 5 mg*		
HCPCS: Modifier <sup>†</sup>	JW		Drug amount discarded/not administered to any patient		
	JZ		Zero drug amount discarded/not administered to any patient		
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.

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 Novartis 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.

Please see full Prescribing Information, including Boxed WARNING and Medication Guide, for Important Safety Information.

<sup>\*</sup>Applies to all NDC codes for XOLAIR.

<sup>†</sup>The JW modifier is required on claims for all single-dose containers or single-use drugs when an amount is discarded. The JZ modifier is required to be used as of July 1, 2023. For more information on the JW and JZ modifiers, visit CMS.gov.