

for **XOLAIR®**  
(omalizumab) for subcutaneous use

SAMPLE CODING

Moderate to Severe Persistent Allergic Asthma

| TYPE                                                                                                                                              | CODE         |               | DESCRIPTION                                                                                                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------|--------------------------------------------------------------------------------------------------------------|
| Diagnosis: ICD-10-CM                                                                                                                              | J45.40       |               | Moderate persistent asthma, uncomplicated                                                                    |
|                                                                                                                                                   | J45.50       |               | Severe persistent asthma, uncomplicated                                                                      |
| Drug: NDC<br><br>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                                                                             |
|                                                                                                                                                   | 50242-215-01 | 50242-0215-01 | Previous 150-mg Prefilled Syringe                                                                            |
|                                                                                                                                                   | 50242-214-03 | 50242-0214-03 | Updated 75-mg Prefilled Syringe                                                                              |
|                                                                                                                                                   | 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†                                                                                                                                  | 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.

\*Applies to all NDC codes for XOLAIR.

†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.

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.