

SAMPLE CODING

Diabetic Retinopathy (Non-Proliferative DR [NPDR] and Proliferative DR [PDR])

ICD-10-CM Diagnosis Codes*

Add the appropriate digit to the end of the each code to indicate laterality: 1=RIGHT EYE 2=LEFT EYE 3=BILATERAL 9=UNSPECIFIED	DM DUE TO UNDERLYING CONDITION	DRUG- OR CHEMICAL- INDUCED DM	TYPE 1 DM	TYPE 2 DM	OTHER SPECIFIED DM
DR NOS w DME	E08.311	E09.311	E10.311	E11.311	E13.311
DR NOS without DME	E08.319	E09.319	E10.319	E11.319	E13.319
Mild NPDR w DME	E08.321	E09.321	E10.321	E11.321	E13.321
Mild NPDR without DME	E08.329	E09.329	E10.329	E11.329	E13.329
Moderate NPDR w DME	E08.331	E09.331	E10.331	E11.331	E13.331
Moderate NPDR without DME	E08.339	E09.339	E10.339	E11.339	E13.339
Severe NPDR w DME	E08.341	E09.341	E10.341	E11.341	E13.341
Severe NPDR without DME	E08.349	E09.349	E10.349	E11.349	E13.349
PDR w DME	E08.351	E09.351	E10.351	E11.351	E13.351
PDR w TRD in macula	E08.352	E09.352	E10.352	E11.352	E13.352
PDR w TRD not in macula	E08.353	E09.353	E10.353	E11.353	E13.353
PDR w TRD and RRD	E08.354	E09.354	E10.354	E11.354	E13.354
Stable PDR	E08.355	E09.355	E10.355	E11.355	E13.355
PDR without DME	E08.359	E09.359	E10.359	E11.359	E13.359

DM=diabetes mellitus; DME=diabetic macular edema; DR=diabetic retinopathy; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NOS=not otherwise specified; RRD=rhegmatogenous retinal detachment; TRD=traction retinal detachment.

*Remember: All codes need an additional digit to indicate laterality (1=right eye; 2=left eye; 3=bilateral).

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 SUSVIMO® (ranibizumab injection)

Diabetic Retinopathy (Non-Proliferative DR [NPDR] and Proliferative DR [PDR]) (cont)

Drug and Administration Codes for Implantation Procedure

BILLER	CODE		DESCRIPTION
Surgical centers*	NDC	10-digit 50242-078-55	SUSVIMO (100 mg/mL) single-dose vial and initial fill needle (34-gauge needle with a 5-µm integrated filter)
		11-digit 50242-0078-55	
	HCPCS	J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
	HCPCS modifier†	JW	Drug amount discarded/not administered to any patient
		JZ	Zero drug amount discarded/not administered to any patient
	Facility fee: CPT	67027	Implantation of intravitreal drug delivery system, includes concomitant removal of vitreous
	CPT modifier	–LT	Left eye modifier
		–RT	Right eye modifier

SUSVIMO Billing Direction

- Bill 20 units with J2779 for the 2-mg administered dose of SUSVIMO
- On a second line, bill 80 units using J2779 and the JW modifier for discarded drug†

Drug and Administration Codes for Refill Procedure

BILLER	CODE		DESCRIPTION
Retina specialist office	NDC	10-digit 50242-078-12	SUSVIMO (100 mg/mL) single-dose vial
		11-digit 50242-0078-12	
	HCPCS	J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
	HCPCS modifier†	JZ	Zero drug amount discarded/not administered to any patient
	Professional services: CPT	67028	Intravitreal injection of a pharmacologic agent (separate procedure)
	CPT modifier	–LT	Left eye modifier
		–RT	Right eye modifier

SUSVIMO Billing Direction

Bill 100 units with J2779 and the JZ modifier for the 10-mg single-dose vial of SUSVIMO.†

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

*For Medicare, hospital outpatient departments should also report the cost of the implant using HCPCS code C1889 (implantable/insertable device, not otherwise classified).

†SUSVIMO meets criteria for an exemption for wastage based on requiring filtration prior to administration for both the implantation and refill procedures. 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.

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Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

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Please see Important Safety Information in the full SUSVIMO [Prescribing Information](#), including BOXED WARNING.