

SAMPLE CODING

ACTEMRA for Intravenous (IV) Infusion

TYPE	CODE	DESCRIPTION
Diagnosis: ICD-10-CM	D89.833	Cytokine release syndrome, grade 3
	D89.834	Cytokine release syndrome, grade 4
	D89.835	Cytokine release syndrome, grade 5
	D89.839	Cytokine release syndrome, grade unspecified
	J12.82	Pneumonia due to coronavirus disease 2019
	M05.00–M05.09	Felty's syndrome (rheumatoid arthritis with splenomegaly and leukopenia)
	M05.10–M05.19	Rheumatoid lung disease with rheumatoid arthritis of unspecified site
	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
M08.20–M08.29	Juvenile rheumatoid arthritis with systemic onset	

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 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.

ACTEMRA for Intravenous (IV) Infusion (cont)

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	M08.2A		Juvenile rheumatoid arthritis with systemic onset, other specified site
	M08.3		Juvenile rheumatoid polyarthritis (seronegative)
	M08.80		Other juvenile arthritis, unspecified site
	M08.90		Juvenile arthritis, unspecified, unspecified site
	M31.5		Giant cell arteritis with polymyalgia rheumatica
	M31.6		Other giant cell arteritis
	U07.1		COVID-19
Drug: HCPCS	J3262		Injection, tocilizumab, 1 mg
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	
	50242-135-01	50242-0135-01	80 mg (4 mL) single-use vial
	50242-136-01	50242-0136-01	200 mg (10 mL) single-use vial
	50242-137-01	50242-0137-01	400 mg (20 mL) single-use vial

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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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ACTEMRA for Intravenous (IV) Infusion (cont)

TYPE	CODE	DESCRIPTION
Administration procedures: CPT	96365	Intravenous infusion, for therapy, prophylaxis or diagnosis (specify substance or drug); initial, up to 1 hour
	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
COVID-19 HCPCS codes for Medicare patients*† Note: COVID-19 HCPCS codes are valid for ACTEMRA through the end of the calendar year in which the COVID-19 public health emergency expires.	Q0249	Tocilizumab for COVID-19 - Drug
	M0249	Tocilizumab for COVID-19 - First administration
	M0250	Tocilizumab for COVID-19 - Second administration

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*During the COVID-19 public health emergency, Medicare will cover and pay for infusion of ACTEMRA the same way it covers and pays for COVID-19 vaccines, using temporary billing codes.¹

†The Centers for Medicare & Medicaid Services provides a set of toolkits for providers, states and insurers to help the health care system prepare and assist in swiftly administering these products once they become available.²

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1. US Department of Health and Human Services. Monoclonal antibody COVID-19 infusion. Accessed June 13, 2023. <https://www.hhs.gov/guidance/document/monoclonal-antibody-covid-19-infusion> 2. Centers for Medicare & Medicaid Services. COVID-19 vaccines and monoclonal antibodies. Accessed June 13, 2023. <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>

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