Genentech | Access Solutions
for *ACTEMRA*® (tocilizumab)

SAMPLE CODING

ACTEMRA for Subcutaneous (SC) Injection

TYPE	CODE	DESCRIPTION
Diagnosis: ICD-10-CM	M05.00–M05.09	Felty's syndrome (rheumatoid arthritis with splenoadenomegaly 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
	M08.09	Unspecified juvenile rheumatoid arthritis, multiple sites
	M08.20–M08.29	Juvenile rheumatoid arthritis with systemic onset
	M08.2A	Juvenile rheumatoid arthritis with systemic onset, other specified site
	M08.3	Juvenile rheumatoid polyarthritis (seronegative)
	M31.5	Giant cell arteritis with polymyalgia rheumatica
	M31.6	Other giant cell arteritis
	M34.81	Systemic sclerosis with lung involvement

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.

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

ACTEMRA for Subcutaneous (SC) Injection (cont)

TYPE	CODE		DESCRIPTION
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.	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**	
	50242-138-01	50242-0138-01	Prefilled syringe providing 162 mg per 0.9 mL
	50242-143-01	50242-0143-01	162 mg per 0.9 mL autoinjector (ACTPen®)
Administration procedures: CPT	96372		Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

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*While not required until July 1, 2023, the JZ modifier is available for use as of January 1, 2023. For more information on the JZ modifier, visit CMS.gov.

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