

for ENSPRYNG®  
(satralizumab-mwge)

**SAMPLE CODING**

**Neuromyelitis Optica Spectrum Disorder (NMOSD)**

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	G36.0		Neuromyelitis optica [Devic]
Drug: NDC	10-digit	11-digit	
	50242-007-01	50242-0007-01	120 mg/1 mL, prefilled syringe
Administration procedures: CPT	96372		Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

CPT=Current Procedural Terminology; 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 service or item.

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

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For safety information, please see the full [Prescribing Information](#) and [Medication Guide](#).