

SAMPLE CODING

Myopic Choroidal Neovascularization (mCNV)

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	H44.2A1		Degenerative myopia with choroidal neovascularization, right eye
	H44.2A2		Degenerative myopia with choroidal neovascularization, left eye
	H44.2A3		Degenerative myopia with choroidal neovascularization, bilateral eye
Drug: HCPCS	J2778		Injection, ranibizumab, 0.1 mg (bill 5 units)
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	LUCENTIS 0.5-mg prefilled syringe
	50242-080-03	50242-0080-03	
Administration procedures: CPT	67028		Intravitreal injection of a pharmacologic agent (separate procedure)
	CPT modifier	–LT	Left eye modifier
		–RT	Right eye modifier

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; LT=left; NDC=National Drug Code; RT=right.

*The JZ modifier is required on claims for all single-dose containers or single-use drugs when no drug is discarded/administered to any patient as of July 1, 2023. For more information on the JZ modifier, visit [CMS.gov](https://www.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 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.

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For important safety information, please see LUCENTIS full [prescribing information](#).