

SAMPLE CODING

Multiple Sclerosis (MS)

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	G35 (parent code)		Multiple sclerosis
	G35.A		Relapsing-remitting multiple sclerosis
	G35.B0		Primary progressive multiple sclerosis, unspecified
	G35.B1		Active primary progressive multiple sclerosis
	G35.B2		Non-active primary progressive multiple sclerosis
	G35.C0		Secondary progressive multiple sclerosis, unspecified
	G35.C1		Active secondary progressive multiple sclerosis
	G35.D*		Multiple sclerosis, unspecified
Drug: HCPCS	J2350		Injection, ocrelizumab, 1 mg
Home infusion: HCPCS	S9329		Home infusion therapy, chemotherapy infusion; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with S9330 or S9331)
	S9379		Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem
HCPCS: Modifier [†]	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	Ocrelizumab, 300 mg single-dose vial
	50242-150-01	50242-0150-01	

CMS=Centers for Medicare & Medicaid Services; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code; NOS=not otherwise specified.

*G35.D applies to multiple MS diagnoses, including disseminated MS, generalized MS, MS NOS, MS of brain stem and MS of cord.

[†]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 for multiple sclerosis; 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 the parent code (G35). Please check with your payer.

Multiple Sclerosis (MS) (cont)

TYPE	CODE	DESCRIPTION
Administration procedures: CPT*	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
	96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)
	96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour
	96366	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); each additional hour (List separately in addition to code for primary procedure)
	99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
	99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in addition to code for primary procedure)

CPT=Current Procedural Terminology.

*For payers who do not yet recognize OCREVUS as approved for chemotherapy administration codes 96413 and 96415, other administration codes, such as 96365 and 96366, may be used depending on individual payer policy.

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