

for PiaSky™  
(crovalimab-akkz)

**SAMPLE CODING**

**Paroxysmal Nocturnal Hemoglobinuria (PNH)**

**For Subcutaneous (SC) Injection**

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	D59.5		Paroxysmal nocturnal hemoglobinuria
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	
	50242-115-01	50242-0115-01	Crovalimab-akkz, 340 mg/2 mL (170 mg/mL)
Drug: HCPCS	J3590		Unclassified biologics
Administration procedures: CPT	96372		Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

**For Intravenous (IV) Infusion**

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	D59.5		Paroxysmal nocturnal hemoglobinuria
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	
	50242-115-01	50242-0115-01	Crovalimab-akkz, 340 mg/2 mL (170 mg/mL)
Drug: HCPCS	J3590		Unclassified biologics
HCPCS: Modifier*	JW		Drug amount discarded/not administered to any patient
	JZ		Zero drug amount discarded/not administered to any patient
Administration procedures: CPT	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 primary procedure)
	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)

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.

\*The JW modifier is required on claims for all single-dose container or single-use drugs when an amount is discarded. The JZ modifier is required to be used as of July 1, 2023. For more information on the JW and JZ modifiers, visit 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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Please see the PiaSky full [Prescribing Information](#) for Important Safety Information, including **Boxed WARNING**.