

for **VABYSMO**<sup>®</sup>  
(faricimab-svoa)

**SAMPLE CODING**

**Diabetic Macular Edema (DME)**

**ICD-10-CM Diagnosis Codes\***

Add the appropriate digit to the end of each code to indicate laterality: 1=RIGHT EYE 2=LEFT EYE 3=BILATERAL 9=UNSPECIFIED	DM DUE TO UNDERLYING CONDITION	DRUG- OR CHEMICAL-INDUCED DM	TYPE 1 DM	TYPE 2 DM	OTHER SPECIFIED DM
DR NOS w DME	E08.311	E09.311	E10.311	E11.311	E13.311
Mild NPDR w DME	E08.321	E09.321	E10.321	E11.321	E13.321
Moderate NPDR w DME	E08.331	E09.331	E10.331	E11.331	E13.331
Severe NPDR w DME	E08.341	E09.341	E10.341	E11.341	E13.341
PDR w DME	E08.351	E09.351	E10.351	E11.351	E13.351

**Drug and Administration Codes**

TYPE	CODE		DESCRIPTION
	10-digit	11-digit	
<b>Drug: NDC<sup>†</sup></b> <b>Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference.</b>	50242-096-01	50242-0096-01	VABYSMO (6 mg [0.05 mL of 120 mg/mL solution]) in a single-dose vial with sterile 5-micron, blunt transfer filter needle (18-gauge × 1½-inch)
	50242-096-03	50242-0096-03	VABYSMO (6 mg [0.05 mL of 120 mg/mL solution]) in a single-dose vial
	50242-096-06	50242-0096-06	VABYSMO (6 mg [0.05 mL of 120 mg/mL solution]) in a single-dose prefilled syringe with a sterile injection filter needle (30-gauge × ½-inch, Extra Thin Wall)

DM=diabetes mellitus; DR=diabetic retinopathy; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code; NOS=not otherwise specified; NPDR=nonproliferative diabetic retinopathy; PDR=proliferative diabetic retinopathy.

\*Remember: All codes need an additional digit to indicate laterality (1=right eye; 2=left eye; 3=bilateral).

<sup>†</sup>Some payers may require the vial NDC instead of the carton. Please check the individual payer's NDC billing policy for billing direction.

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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**Diabetic Macular Edema (DME) (cont)**

**Drug and Administration Codes (cont)**

TYPE	CODE	DESCRIPTION
Drug: HCPCS	J2777	Injection, faricimab-svoa, 0.1 mg
HCPCS: Modifier*	JZ	Zero drug amount discarded/not administered to any patient
CPT code	67028	Intravitreal injection of a pharmacologic agent (separate procedure)
CPT modifier	-LT	Left eye modifier
	-RT	Right eye modifier

**BILLABLE UNITS**

Bill 60 units with J2777 for the 6-mg single-dose of VABYSMO. Payers might have different preferences for billing for VABYSMO. Check with your local payers for specific billing unit information.

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; LT=left; 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.

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

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Please see Important Safety Information in the full VABYSMO [Prescribing Information](#).