

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

**SAMPLE CODING**

**Wet Age-Related Macular Degeneration (wet AMD)**

**ICD-10-CM Diagnosis Codes**

EXUDATIVE WET AMD	STAGE UNSPECIFIED	WITH ACTIVE CHOROIDAL NEOVASCULARIZATION	WITH INACTIVE CHOROIDAL NEOVASCULARIZATION WITH INVOLUTED OR REGRESSED NEOVASCULARIZATION
Right eye	H35.3210	H35.3211	H35.3212
Left eye	H35.3220	H35.3221	H35.3222
Bilateral	H35.3230	H35.3231	H35.3232
Unspecified eye	H35.3290	H35.3291	H35.3292

**Drug and Administration Codes**

TYPE	CODE		DESCRIPTION
	10-digit	11-digit	
<b>Drug: NDC*</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)

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; NDC=National Drug Code.

\*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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**Wet Age-Related Macular Degeneration (wet AMD) (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](#).