

for **VABYSMO**[®]
(faricimab-svoa)

SAMPLE CODING

Wet-Age Related Macular Degeneration (wet AMD)

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	H35.3210		Exudative age-related macular degeneration, right eye, stage unspecified
	H35.3211		Exudative age-related macular degeneration, right eye, with active choroidal neovascularization
	H35.3212		Exudative age-related macular degeneration, right eye, with inactive choroidal neovascularization
	H35.3220		Exudative age-related macular degeneration, left eye, stage unspecified
	H35.3221		Exudative age-related macular degeneration, left eye, with active choroidal neovascularization
	H35.3222		Exudative age-related macular degeneration, left eye, with inactive choroidal neovascularization
	H35.3230		Exudative age-related macular degeneration, bilateral, stage unspecified
	H35.3231		Exudative age-related macular degeneration, bilateral, with active choroidal neovascularization
	H35.3232		Exudative age-related macular degeneration, bilateral, with inactive choroidal neovascularization
	H35.3290		Exudative age-related macular degeneration, unspecified eye, stage unspecified
	H35.3291		Exudative age-related macular degeneration, unspecified eye, with active choroidal neovascularization
	H35.3292		Exudative age-related macular degeneration, unspecified eye, with inactive choroidal neovascularization
Drug: NDC	10-digit	11-digit	
Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference.	50242-096-01	50242-0096-01	VABYSMO (6 mg/0.05 mL) single-dose vial with sterile 5-micron blunt transfer filter needle (18-gauge × 1.5 inch)

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.

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)

TYPE	CODE		DESCRIPTION
Drug: HCPCS	J2777		Injection, faricimab-svoa, 0.1 mg
Administration procedures: CPT	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 vial of VABYSMO. Payers might have different preferences for billing for VABYSMO. Check with your local payers for specific billing unit information.

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