




# Sample Billing and Coding for VABYSMO® (faricimab-svoa)

This coding information may assist you as you submit claims for reimbursement for VABYSMO.

## ▶ Drug and administration codes

Type	Code	Description	
NDC*	10-digit 50242-096-01 11-digit 50242-0096-01	VABYSMO Carton (Vial): 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)	
	10-digit 50242-096-03 11-digit 50242-0096-03	Vial: VABYSMO (6 mg [0.05 mL of 120 mg/mL solution]) in a single-dose vial	
	10-digit 50242-096-06 11-digit 50242-0096-06	Prefilled syringe (PFS): 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)	
HCPCS	J2777	Injection, faricimab-svoa, 0.1 mg	
HCPCS modifier†	JZ	Zero drug amount discarded/not administered to any patient	
CPT	67028	Intravitreal injection of a pharmacologic agent (separate procedure)	
CPT modifier	-LT	Left eye modifier	
	-RT	Right eye modifier	

## ▶ VABYSMO billing direction

Bill 60 units with J2777 for the 6-mg single-dose of VABYSMO.

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; 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.

†Beginning July 1, 2023, CMS requires the use of the JZ modifier to indicate there were no units of a drug discarded.

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.

# Sample ICD-10-CM Diagnosis Codes for VABYSMO<sup>®</sup> (faricimab-svoa)

## ▶ Neovascular (wet) age-related macular degeneration (nAMD)

Exudative age-related macular degeneration	Stage unspecified	With active choroidal neovascularization	With inactive choroidal neovascularization with involuted or regressed neovascularization
<b>Right eye</b>	H35.3210	H35.3211	H35.3212
<b>Left eye</b>	H35.3220	H35.3221	H35.3222
<b>Bilateral</b>	H35.3230	H35.3231	H35.3232
<b>Unspecified eye</b>	H35.3290	H35.3291	H35.3292

## ▶ Macular edema following retinal vein occlusion (RVO)

Retinal vein occlusion with macular edema	Right eye	Left eye	Bilateral	Unspecified eye
<b>Central</b>	H34.8110	H34.8120	H34.8130	H34.8190
<b>Tributary (branch)</b>	H34.8310	H34.8320	H34.8330	H34.8390

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.

## ▶ Diabetic macular edema (DME)

Add the appropriate digit to the end of each code to indicate laterality: 1=right eye 2=left eye 3=bilateral 9=unspecified eye	DM due to underlying condition	Drug- or chemical-induced DM	Type 1 DM	Type 2 DM	Other specified DM
<b>DR NOS w DME</b>	E08.311	E09.311	E10.311	E11.311	E13.311
<b>Mild NPDR w DME</b>	E08.321	E09.321	E10.321	E11.321	E13.321
<b>Moderate NPDR w DME</b>	E08.331	E09.331	E10.331	E11.331	E13.331
<b>Severe NPDR w DME</b>	E08.341	E09.341	E10.341	E11.341	E13.341
<b>PDR w DME</b>	E08.351	E09.351	E10.351	E11.351	E13.351

**Remember:** All DME codes need an additional digit to indicate laterality (1=right eye; 2=left eye; 3=bilateral; 9=unspecified eye)

DM=diabetes mellitus; DR=diabetic retinopathy; NOS=not otherwise specified; NPDR=nonproliferative diabetic retinopathy; PDR=proliferative diabetic retinopathy.

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

# Sample CMS-1500 Claim Forms

The CMS-1500 claim form is used to bill for services provided in the retina specialist office. The CMS-1500 claim forms are shown here as examples. Check with individual payers for specific documentation requirements.

## ▶ For the VABYSMO® (faricimab-svoa) Vial

**21** Insert appropriate ICD-10-CM diagnosis code(s).

**24A** Report NDC information in the shaded area in the following order: N4 qualifier, 11-digit NDC followed by 1 space, unit of measurement qualifier and metric quantity.

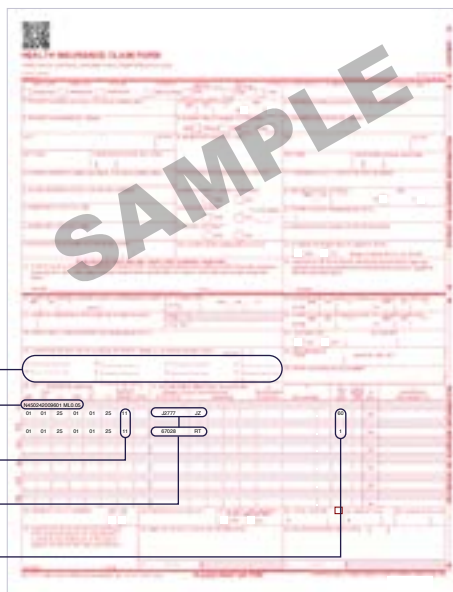
- **Example N4 qualifiers:**
  - **N450242009601 ML0.05 for the carton**
  - **N450242009603 ML0.05 for the vial\***
- Payer requirements for placement of the NDC and N4 qualifier may differ. Please confirm specific documentation requirements with individual payers

**24B** Enter the appropriate place of service: **11 for retina specialist office.**

**24D** Insert the appropriate HCPCS code, **J2777**, on 1 line and the appropriate CPT administration code, **67028**, on a separate line. Specify if treatment was administered in the left (LT) or right (RT) eye.

**24G** Include the number of units used for each line item.

- **J2777: Bill 60 units for the 6-mg VABYSMO dose†**
- **67028: Bill 1 unit for the injection procedure**



## ▶ For the VABYSMO PFS

**21** Insert appropriate ICD-10-CM diagnosis code(s).

**24A** Report NDC information in the shaded area in the following order: N4 qualifier, 11-digit NDC followed by 1 space, unit of measurement qualifier and metric quantity.

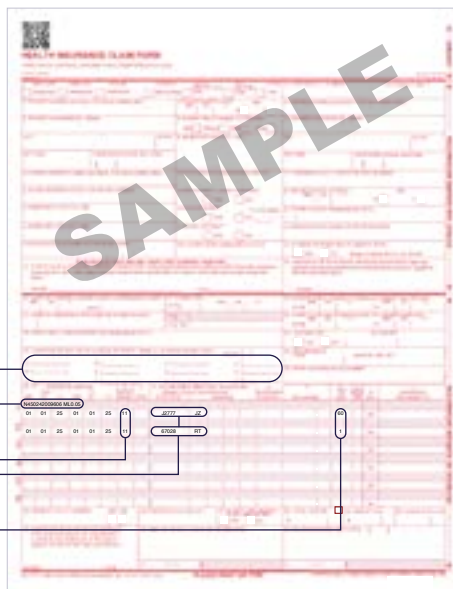
- **Example N4 qualifier:**
  - **N450242009606 ML0.05 for the PFS**
- Payer requirements for placement of the NDC and N4 qualifier may differ. Please confirm specific documentation requirements with individual payers

**24B** Enter the appropriate place of service: **11 for retina specialist office.**

**24D** Insert the appropriate HCPCS code, **J2777**, on 1 line and the appropriate CPT administration code, **67028**, on a separate line. Specify if treatment was administered in the left (LT) or right (RT) eye.

**24G** Include the number of units used for each line item.

- **J2777: Bill 60 units for the 6-mg VABYSMO dose†**
- **67028: Bill 1 unit for the injection procedure**



\*Some payers may require the vial NDC instead of the carton. Please check the individual payer's NDC billing policy for billing direction.

†While CMS does not require the JZ modifier until July 1, 2023, it will be available for use beginning January 1, 2023.

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