Genentech
A Member of the Roche Group
Access Solutions

for Rituxan®
(rituximab)

# SAMPLE CODING

## Rheumatoid Arthritis (RA)

| TYPE | CODE | DESCRIPTION |
|---|---|---|
| Diagnosis: ICD-10-CM | M05.00–M05.09 | Felty's syndrome (rheumatoid arthritis with splenoadenomegaly and leukopenia) |
| | M05.10–M05.19 | Rheumatoid lung disease with rheumatoid arthritis |
| | M05.20–M05.29 | Rheumatoid vasculitis with rheumatoid arthritis |
| | M05.30–M05.39 | Rheumatoid heart disease with rheumatoid arthritis |
| | M05.40–M05.49 | Rheumatoid myopathy with rheumatoid arthritis |
| | M05.50–M05.59 | Rheumatoid polyneuropathy with rheumatoid arthritis |
| | M05.60–M05.69 | Rheumatoid arthritis with involvement of other organs and systems |
| | M05.70–M05.79 | Rheumatoid arthritis with rheumatoid factor without organ or systems involvement |
| | M05.7A | Rheumatoid arthritis with rheumatoid factor of other specified site without organ or systems involvement |
| | M05.80–M05.8A | Other rheumatoid arthritis with rheumatoid factor |
| | M05.9 | Rheumatoid arthritis with rheumatoid factor, unspecified |
| | M06.00–M06.09 | Rheumatoid arthritis without rheumatoid factor |
| | M06.0A | Rheumatoid arthritis without rheumatoid factor, other specified site |
| | M06.80–M06.8A | Other specified rheumatoid arthritis |
| | M06.9 | Rheumatoid arthritis, unspecified |

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.

**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 and Biogen do 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.**

## Rheumatoid Arthritis (RA) (cont)

| TYPE | CODE | | DESCRIPTION |
|---|---|---|---|
| Drug: HCPCS | J9312 | | Injection, rituximab, 10 mg |
| | Other drugs: for ancillary premedications and supplies as appropriate | J1100 | Injection, dexamethasone sodium phosphate, 1 mg |
| | | J1200 | Injection, diphenhydramine HCL, up to 50 mg |
| | | J2920 | Injection, methylprednisolone sodium succinate, up to 40 mg |
| | | J2930 | Injection, methylprednisolone sodium succinate, up to 125 mg |
| | | J7030 | Infusion, normal saline solution, 1000 cc |
| | | J7040 | Infusion, normal saline solution, sterile (500 mL = 1 unit) |
| | | J7050 | Infusion, normal saline solution, 250 cc |
| HCPCS: Modifier*<br>Note: Beginning July 1, 2023, CMS requires the use of the JZ modifier to indicate there were no units of a drug discarded. | JW | | Drug amount discarded/not administered to any patient |
| | JZ | | Zero drug amount discarded/not administered to any patient |
| Drug: NDC<br>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** | |
| | 50242-051-21 | 50242-0051-21 | 100 mg/10 mL single-dose vial |
| | 50242-053-06 | 50242-0053-06 | 500 mg/50 mL single-dose vial |
| Administration procedures for Rituxan: CPT | 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) |

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*The JW modifier is required on claims for all single-dose container or single-use drugs when an amount is discarded. While not required until July 1, 2023, the JZ modifier is available for use as of January 1, 2023. For more information on the JW and JZ modifiers, visit CMS.gov.

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## Rheumatoid Arthritis (RA) (cont)

| TYPE | CODE | DESCRIPTION |
|---|---|---|
| **Administration procedures for supportive medicines: CPT** | 96367 | Intravenous infusion, for therapy, prophylaxis or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour (List separately in addition to code for primary procedure)<br>(Report 96367 in conjunction with 96365, 96374, 96409, 96413 to identify the infusion of a new drug/substance provided as a secondary or subsequent service after a different initial service is administered through the same IV access. Report 96367 only once per sequential infusion of same infusate mix) |
| | 96375 | Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); each additional sequential intravenous push of a new substance/drug (List separately in addition to code for primary procedure)<br>(Use 96375 in conjunction with 96365, 96374, 96409, 96413)<br>(Report 96375 to identify intravenous push of a new substance/drug if provided as a secondary or subsequent service after a different initial service is administered through the same IV access) |

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**For Important Safety Information, please see the Rituxan full Prescribing Information, including BOXED WARNINGS.**