

for **OCREVUS ZUNOVO™**
(ocrelizumab & hyaluronidase-ocsq)

SAMPLE CODING

Multiple Sclerosis (MS)

| TYPE | CODE | | DESCRIPTION |
|--|--------------------|---------------|---|
| Diagnosis: ICD-10-CM | G35 | | Multiple sclerosis |
| Drug: HCPCS | J2351 | | Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq |
| Drug: NDC 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 | |
| | 50242-554-01 | 50242-0554-01 | Ocrelizumab 920 mg and hyaluronidase 23,000 units single-dose vial |
| Administration procedures: CPT | 96401 | | Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic |
| Home injection: HCPCS | G0089 (initial) | | Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes |
| | G0069 (subsequent) | | Professional services for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes |
| HCPCS: Modifier* | JZ | | Zero drug amount discarded/not administered to any patient |
| | 25 | | Significant, separately identifiable evaluation and management service by the same physician or other qualified health care professional on the same day of the procedure or other service |

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.

*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.

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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For safety information, please see the full [Prescribing Information](#) and [Medication Guide](#).