



# Billing and Coding Guide

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Your Access and Reimbursement Manager:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

With just a call or click, you can get assistance from a dedicated IZERVAY My Way<sup>SM</sup> Access Coordinator.



Phone: **1-888-C5MYWAY (1-888-256-9929)**  
8 AM to 8 PM ET Monday - Friday



Fax: **1-833-C5MYWAY (1-833-256-9929)**



Email: **Support@IZERVAYMyWay.com**



Website: **IZERVAYecp.com/PatientSupport**

**This Billing and Coding Guide is for general informational purposes only. The codes listed reflect a sample of potentially relevant codes but the provider is responsible for selecting the appropriate diagnosis, procedure, and billing codes that truthfully reflect the diagnosis and level of service provided to the patient in each instance of administration of IZERVAY.**

**The information in this guide is subject to change without notice and should be verified by the provider for each patient prior to treatment. Contact the patient's health plan directly for the most accurate information.**

**Astellas Pharma US, Inc. does not guarantee payment or coverage for any product or service.**

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# Codes for billing and reimbursement

The codes below are common codes that may be used when filing a claim for IZERVAY. For the most accurate codes, please contact your patient's health plan.

## Current Procedural Terminology (CPT®) codes for imaging<sup>1</sup>

CPT code	Description
<b>92134</b>	Optical coherence tomography
<b>92235</b>	Fluorescein angiography (FA)
<b>92250</b>	Fundus photography (Fundus autofluorescence)
<b>92240</b>	Indocyanine green angiography (ICG)
<b>92242</b>	FA and ICG

## CPT code for injections<sup>2</sup>

CPT code	Site modifier	Description
<b>67028</b>	Apply the appropriate site modifier (LT, RT, or 50) to the end of CPT code 67028	Intravitreal injection

LT, left eye; RT, right eye; 50, both eyes.

CPT® codes and descriptions are © 2025 American Medical Association (AMA). All rights reserved.

**References:** 1. Centers for Medicare & Medicaid Services. Physician fee schedule search. Accessed January 9, 2025. <https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=0&HT=1&CT=0&H1=92134&H2=92235&H3=92250&H4=92240&H5=92242&M=1>  
2. Medicare.gov. Intravitreal injection of a pharmacologic agent (separate procedure). Accessed January 9, 2025. <https://www.medicare.gov/procedure-price-lookup/cost/67028>

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## Evaluation and management (E/M) codes<sup>1</sup>

### CPT code

### Description

**99203**

New Patient Level 3 E/M

**99213**

Established Patient Level 3 E/M

**99204**

New Patient Level 4 E/M

**99214**

Established Patient Level 4 E/M

Other E/M codes may apply or be more appropriate for a given visit. Please refer to the E/M coding and documentation guidelines in the CPT book provided by the American Medical Association.

## Office visit modifier<sup>2</sup>

### Modifier

### Description

**25**

Significant, separately identifiable evaluation and management service by the same physician or other qualified healthcare professional on the same day of the procedure or other services.

Office visit modifiers help with prompt and correct payment based on evaluation and management services provided. These modifiers do not apply to services like tests or surgeries.

**References:** 1. Centers for Medicare & Medicaid Services. Physician fee schedule search. Accessed January 9, 2025. <https://www.cms.gov/medicare/physician-fee-schedule/search?Y=0&T=0&HT=1&CT=0&H1=99203&H2=99213&H3=99204&H4=99214&M=1> 2. American Academy of Ophthalmology. Effectively use exam modifiers. Accessed January 9, 2025. <https://www.aao.org/young-ophthalmologists/yo-info/article/effectively-use-exam-modifiers>

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## ICD-10 codes for GA<sup>1</sup>

Right eye

Left eye

Bilateral

**Dry (nonexudative)  
AMD, advanced  
atrophic without  
subfoveal involvement**

H35.31**13**

H35.31**23**

H35.31**33**

**Dry (nonexudative)  
AMD, advanced  
atrophic with  
subfoveal involvement**

H35.31**14**

H35.31**24**

H35.31**34**

### Key:

**Blue** numerals  
(6th position)  
indicate laterality.

H35.31**11**

**Red** numerals  
(7th position)  
indicate staging.

## National Drug Code (NDC)<sup>2,3</sup>

Tradename

Package strength

10-digit format

11-digit format

IZERVAY™  
(avacincaptad  
pegol intravitreal  
solution)

20 mg/mL  
solution in a  
single-dose  
glass vial

82829-002-01

82829-0002-01

Check with the patient's health plan to determine sequence requirements regarding the use of a 10-digit or 11-digit NDC as it may vary.

**References:** **1.** Centers for Medicare and Medicaid Services. ICD-10. Accessed January 10, 2025. <https://www.cms.gov/medicare/coding-billing/icd-10-codes#CodeFiles> **2.** Izervay. Package insert. Northbrook, IL: Astellas Pharma US, Inc. **3.** Chun J. Format of the National Drug Code. Accessed January 10, 2025. <https://www.fda.gov/media/173715/download>

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## Permanent J-code J2782

### Healthcare Common Procedure Coding System (HCPCS) code<sup>1</sup>

#### HCPCS code

**J2782**

#### Descriptor

Injection, avacincaptad pegol  
intravitreal solution, 0.1 mg

#### Site of care

All sites of care

#### Billing units\*

**20**

**When using the permanent J-code, bill 20 units for a 2-mg dose of IZERVAY.\* Be sure to check with each payer for specific coding requirements.**

\*One billing unit of J2782 equals 0.1 mg of avacincaptad pegol. As a result, billing for 20 units equals a 2-mg dose of IZERVAY.<sup>1</sup>

JZ modifier: Effective July 1, 2023, providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.<sup>2</sup>

### Important reminders when billing for IZERVAY

#### Ensure the following information is included in the claim submission:

- Drug name/generic name
- Strength
- Unit administered
- Route of administration
- NDC
- Appropriate codes (ICD-10, CPT, HCPCS)

#### Some health plans may also request the following:

- Prescribing information
- FDA approval letter
- Any relevant documentation to support medical necessity (EHR documentation, letter of medical necessity, etc)
- Drug purchase invoice

**References:** 1. Centers for Medicare & Medicaid Services. CMS HCPCS Application Summaries and Coding Recommendations: Fourth Quarter, 2023 HCPCS Coding Cycle. Accessed January 9, 2025. <https://www.cms.gov/files/document/2023-hcpcs-application-summary-quarter-4-2023-drugs-and-biologicals-updated-04/25/2024.pdf> 2. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals–JW modifier and JZ modifier policy frequently asked questions. Accessed January 9, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

**It is your responsibility to ensure that claim forms are completed accurately based on the clinical visit.**

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# Sample CMS-1500 form

The sample claim form below is just an example of how services provided in a physician's office may be billed on the CMS-1500 form.

## Box 19:

Product name, generic, strength, dose administered, route of administration, NDC

## Box 21A:

Diagnosis code (ICD-10-CM)

## Box 23:

Prior authorization number, if available

## Box 24A:

In the red shaded area at the top of the box, insert the N4 qualifier followed by the 11-digit NDC number and unit quantity. List the date of service in the white space. Hyphens may or may not be required by payer.

## Box 24D:

Enter the appropriate HCPCS code, J2782, for IZERVAY on its own line, which should correlate to the NDC in Box 24A. The HCPCS code must be accompanied by the JZ modifier.<sup>1</sup> Include the following on separate lines:

- CPT code to report the administration procedure, 67028, along with the correct site modifier
- CPT code to report imaging, if appropriate
- CPT E/M code, if appropriate

## Box 24E:

Enter the diagnosis code reference letter as shown in Box 21 to relate the date of service and the procedures performed to the diagnosis code.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

**1. MEDICARE** ☐ **MEDICAID** ☐ **TRICARE** ☐ **CHAMPVA** ☐ **GROUP HEALTH PLAN** ☐ **FECA BLK/LING** ☐ **OTHER** ☐

**2. PATIENT'S NAME** (Last Name, First Name, Middle Initial) **3. PATIENT'S BIRTH DATE** MM DD YY **4. INSURED'S NAME** (Last Name, First Name, Middle Initial)

**5. PATIENT'S ADDRESS** (No., Street) **6. PATIENT RELATIONSHIP TO INSURED** Self ☐ Spouse ☐ Child ☐ Other ☐ **7. INSURED'S ADDRESS** (No., Street)

**8. RESERVED FOR NUCC USE** **9. OTHER INSURED'S NAME** (Last Name, First Name, Middle Initial) **10. IS PATIENT'S CONDITION RELATED TO:**

**11. INSURED'S POLICY GROUP OR FECA NUMBER** **12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE** (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)

**13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE** (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

**14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)** MM DD YY **15. OTHER DATE** MM DD YY **16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION** FROM MM DD YY TO MM DD YY

**17. NAME OF REFERRING PROVIDER OR OTHER SOURCE** **18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES** FROM MM DD YY TO MM DD YY

**19. ADDITIONAL CLAIM INFORMATION** (Designated by NUCC) **20. OUTSIDE LAB?** ☐ YES ☐ NO **21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY** Relate A4, to service line below (24E)

**22. RESUBMISSION CODE** **23. PRIOR AUTHORIZATION NUMBER**

**24. A. DATE(S) OF SERVICE** From MM DD YY To MM DD YY **B. PLACE OF SERVICE** **C. PROCEDURE(S), SERVICE(S) OR SUPPLIES** (Specify Unusual Circumstances) **D. PT/HCPCS** **E. DIAGNOSIS POINTER** **F. CHARGES** **G. UNITS** **H. ID** **I. QUAL** **J. RENDERING PROVIDER ID #**

**25. FEDERAL TAX I.D. NUMBER** **26. PATIENT'S ACCOUNT NO.** **27. ACCEPT ASSIGNMENT?** ☐ YES ☐ NO **28. TOTAL CHARGE** \$ **29. AMOUNT PAID** \$ **30. Paid for NUCC Use**

**31. SIGNATURE OF PHYSICIAN OR SUPPLIER** INCLUDING DEGREE(S) OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) **32. SERVICE FACILITY LOCATION INFORMATION** **33. BILLING PROVIDER INFO & PH #** ( )

**NUCC Instruction Manual available at: www.nucc.org** **PLEASE PRINT OR TYPE** **APPROVED OMB-0938-1197 FORM 1500 (02-12)**

## Box 24G:

When using the permanent J-code, bill 20 units for each IZERVAY injection. 20 billing units of J2782 equals a 2-mg dose of IZERVAY. As a result, 20 units equals 1 single-dose 20-mg vial. Be sure to check with each payer for their specific coding requirements.

**Reference:** 1. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals-JW modifier and JZ modifier policy frequently asked questions. Accessed January 9, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

**It is your responsibility to ensure that claim forms are completed accurately based on the clinical visit.**

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# Sample CMS-1450 form

The sample claim form below is just an example of how services provided in a hospital outpatient department may be billed on the CMS-1450 form.

## Box 42:

Enter the appropriate revenue code corresponding with the HCPCS code in Box 44. Then enter the appropriate revenue code corresponding with the CPT code in Box 44 (eg, 500 for general outpatient services, or 510 for general clinic services).<sup>1</sup>

## Box 43:

Enter a detailed drug description for the payer. The N4 indicator is listed first, the 11-digit NDC number is listed second, a code describing the unit of measurement qualifier is listed third, and the unit quantity is listed at the end.

## Box 44:

Enter the appropriate HCPCS code for IZERVAY—J2782. It is your responsibility to confirm the appropriate code with the health plan and submit claims accordingly. The HCPCS code must be accompanied by the JZ modifier.<sup>2</sup> To report the injection procedure, enter the appropriate CPT code, 67028, along with the appropriate site modifier.

## Box 46:

Enter the units of service

## Box 63:

Treatment authorization codes

1		2		3a PAY CNTL #		3b MED REC #		4 TYPE OF BILL	
5 PATIENT NAME		6 PATIENT ADDRESS		7		8 STATEMENT COVERS PERIOD FROM		9 THROUGH	
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION		14 TYPE	
15 SRC		16 DHR		17 STAT		18		19	
20		21		22		23		24	
25		26		27		28		29	
30		31		32		33		34	
35		36		37		38		39	
40		41		42		43		44	
45		46		47		48		49	
50		51		52		53		54	
55		56		57		58		59	
60		61		62		63		64	
65		66		67		68		69	
70		71		72		73		74	
75		76		77		78		79	
80		81		82		83		84	
85		86		87		88		89	
90		91		92		93		94	
95		96		97		98		99	

## Box 67:

Diagnosis code (ICD-10-CM)

## Box 80:

Product name, generic, strength, dose administered, route of administration

**References:** 1. Noridian Healthcare Solutions. Revenue codes. Accessed January 9, 2025. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes> 2. Centers for Medicare & Medicaid Services. Medicare program: discarded drugs and biologicals—JW modifier and JZ modifier policy frequently asked questions. Accessed January 9, 2025. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>

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## INDICATION

IZERVAY™ (avacincaptad pegol intravitreal solution) is indicated for the treatment of geographic atrophy (GA) secondary to age-related macular degeneration (AMD).

## IMPORTANT SAFETY INFORMATION

### CONTRAINDICATIONS

- IZERVAY is contraindicated in patients with ocular or periocular infections and in patients with active intraocular inflammation.

### WARNINGS AND PRECAUTIONS

- Endophthalmitis and Retinal Detachments
  - Intravitreal injections, including those with IZERVAY, may be associated with endophthalmitis and retinal detachments. Proper aseptic injection technique must always be used when administering IZERVAY in order to minimize the risk of endophthalmitis. Patients should be instructed to report any symptoms suggestive of endophthalmitis or retinal detachment without delay and should be managed appropriately.
- Neovascular AMD
  - In clinical trials, use of IZERVAY was associated with increased rates of neovascular (wet) AMD or choroidal neovascularization (7% when administered monthly and 4% in the sham group) by Month 12. Over 24 months, the rate of neovascular (wet) AMD or choroidal neovascularization in the GATHER2 trial was 12% in the IZERVAY group and 9% in the sham group. Patients receiving IZERVAY should be monitored for signs of neovascular AMD.
- Increase in Intraocular Pressure
  - Transient increases in intraocular pressure (IOP) may occur after any intravitreal injection, including with IZERVAY. Perfusion of the optic nerve head should be monitored following the injection and managed appropriately.

### ADVERSE REACTIONS

- Most common adverse reactions (incidence  $\geq 5\%$ ) reported in patients receiving IZERVAY were conjunctival hemorrhage, increased IOP, blurred vision, and neovascular age-related macular degeneration.

**Please see full Prescribing Information for more information.**

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