

WAINUA® (epiontersen) CODING RESOURCE



It is important to note that the codes identified in this resource are examples only. Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient. The use of the following codes does not guarantee reimbursement.

WAINUA is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

National Drug Code (NDC)¹

Administration Method	Dosage	10-digit NDC	11-digit NDC
Physician-Administration Only	45mg/0.8mL single-dose prefilled syringe	0310-9420-01	00310-9420-01
Self-Administered/Caregiver*	45 mg/0.8 mL single-dose autoinjector	0310-9400-01	00310-9400-01

*Prior to initiation, patients and/or caregivers should be trained on proper preparation and administration of WAINUA autoinjector

Current Procedural Terminology® (CPT)²

	Code	Description
Injection Administration	96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular
Injection Education ³	99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional

Before filing a claim, please consult your payer to determine the appropriate CPT code.

Healthcare Common Procedure Coding System (HCPCS) Codes⁴

A unique HCPCS code for WAINUA PFS is not yet available. Until the assignment of a product-specific code, providers may use a miscellaneous or unclassified HCPCS code, such as J3490 or C9399.

Site of Care	Payer	Coding until a permanent HCPCS code is assigned
Physician office	All payers	J3490 – Unclassified drugs
Hospital outpatient department	Medicare	C9399 – Unclassified drugs or biologics
Hospital outpatient department	Non-Medicare	J3490 – Unclassified drugs

Billing requirements for miscellaneous or unclassified codes may vary by payer or Medicare Administrative Contractor (MAC). Claims with a miscellaneous drug HCPCS code must include additional information, such as the name of the product, NDC, and dosage administered. Miscellaneous drug HCPCS codes are typically reported with a unit of service of 1. Providers should contact their local payers and MAC to determine specific requirements for reporting products using miscellaneous codes.

See additional Important Safety Information on page 3

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HCPCS modifier used to report zero drug wastage^{5,6}

Modifiers provide a means to report or indicate that a service or procedure has been altered by some specific circumstance but not changed in its definition or code. The modifier below may be applicable in physician offices and hospital outpatient departments.

Modifier	Description	Indication and placement
JZ	Zero drug amount discarded/not administered to any patient	Modifier used to report no wastage from single-use vials - CMS claims should include the JZ modifier when no wastage has occurred; other payer requirements may vary - Typically, the modifier is appended to the drug HCPCS code on the same line

Revenue Codes⁷

All hospital claim forms must include a revenue code for each charge line item. The following revenue codes are most relevant for provider-administered drugs:

Modifier	Description
0636	Pharmacy – Drugs requiring detailed coding
025X	Pharmacy

Revenue code 0636 is required when a drug HCPCS code is billed on Medicare hospital outpatient claims. For payers other than Medicare, the revenue code may vary; although some private payers and Medicaid plans accept revenue code 0636, others may require a different revenue code, such as 025X.

The revenue code for the administration service may vary depending on the type of service and the cost center in which the service is performed.

Note: Revenue codes are not used in the physician office setting.

Diagnosis Code⁸

ICD-10-CM Code	Description
E85.1	Neuropathic heredofamilial amyloidosis (transthyretin-related [ATTR] familial amyloid polyneuropathy)

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

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INDICATION

WAINUA injection, for subcutaneous use, 45 mg is indicated for the treatment of the polyneuropathy of hereditary transthyretin-mediated amyloidosis in adults.

IMPORTANT SAFETY INFORMATION

WARNINGS AND PRECAUTIONS

- **Reduced Serum Vitamin A Levels and Recommended Supplementation** WAINUA leads to a decrease in serum vitamin A levels. Supplement with recommended daily allowance of vitamin A. Refer patient to an ophthalmologist if ocular symptoms suggestive of vitamin A deficiency occur.

ADVERSE REACTIONS

Most common adverse reactions ($\geq 9\%$ in WAINUA-treated patients) were vitamin A decreased (15%) and vomiting (9%).

Please see full [Prescribing Information](#) for WAINUA.

You may [report side effects related to AstraZeneca products](#)

For more information, please contact AstraZeneca Access 360™ at 1-844-2-WAINUA, Monday through Friday, 8 AM – 6 PM ET.



1-844-2-WAINUA (1-844-292-4682)



www.MyAccess360.com



1-844-FAX-A360 (1-844-329-2360)



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References: 1. WAINUA® (eplontersen) [prescribing information]. Wilmington, DE: AstraZeneca Pharmaceuticals LP; 2026. 2. American Medical Association. CPT® 2026 Professional Edition. Chicago, IL: American Medical Association; 2025. Accessed February 27, 2026. <https://www.ama-assn.org/practice-management/cpt/cpt-code-96372-injection-drugsubstance-under-skin-or-muscle>. 3. Noridian Healthcare Solutions. Accessed April 14, 2026. <https://med.noridianmedicare.com/web/jeb/cert-reviews/cert/99211-and-incident-to>. 4. Centers for Medicare & Medicaid Services. HCPCS Level II Coding Procedures. Accessed February 27, 2026. <https://www.cms.gov/medicare/coding/medhcpcsgeninfo/downloads/2018-11-30-hcpcs-level2-coding-procedure.pdf>. 5. Centers for Medicare & Medicaid Services. HCPCS Quarterly Update. Accessed March 27, 2026. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update>. 6. Centers for Medicare & Medicaid Services. Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy (Updated 1/10/2025). Accessed February 27, 2026. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf>. 7. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual, Chapter 17 – Drugs and Biologicals. Accessed February 27, 2026. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c17.pdf>. 8. Centers for Medicare & Medicaid Services. National Center for Health Statistics. ICD-10-CM Browser Tool. Accessed February 27, 2026. <https://icd10cmtool.cdc.gov/?fy=FY2026&query=e85.1>

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