

# Solu-Medrol (methylprednisolone sodium succinate) — HCPCS J2919

CARECOST ESTIMATE · BILLING  
CHEAT SHEET

Pfizer (originator) + Hospira, Sandoz, Fresenius Kabi, X-Gen, Mylan (generic) 40 mg / 125 mg / 500 mg / 1 g / 2 g vials

IV (push or infusion) or IM Reviewed: May 22, 2026 ASP: Q2 2026

**HCPCS  
J2919**

5 mg = 1 unit (not 1 mg)

125 MG PREMED

**25 units**

Most common oncology  
premed dose

1 G MS PULSE

**200 units**

Daily × 3–5 days, acute  
exacerbation

**ADMIN CPT**

**96365 / 96374**

NOT 96413 (chemo)

MEDICARE ASP+6%

**\$0.241**

/5 mg · ~\$6.03/125 mg ·  
~\$48.20/1 g

**TWO ERROR TRAPS:** (1) Unit math — J2919 is **5 mg per unit**, NOT 1 mg. A 125 mg dose = 25 units, 1 g = 200 units. (2) Admin CPT — Solu-Medrol is **NOT chemotherapy**. Use 96365 (infusion) or 96374 (push), NEVER 96413. Even on oncology premed encounters, the steroid line bills non-chemo admin; only the actual chemo drug bills 96413.

## CODES & NDC (MULTI-SOURCE GENERIC)

HCPCS	J2919 — "Inj, methylpred sod succ, 5 mg" (NOS code; brand + all generics)
PFIZER 40 MG	00009-0011-30 Solu-Medrol Act-O-Vial
PFIZER 125 MG	00009-0796-01 Solu-Medrol Act-O-Vial
PFIZER 500 MG	00009-0698-01 SDV
PFIZER 1 G	00009-0190-04 SDV
HOSPIRA 125 MG	00409-3478-31 Act-O-Vial
SANDOZ 125 MG	00781-9311-95 SDV
FRESENIUS 1 G	63323-0265-01 SDV

**NDC at fill.** Generic NDCs rotate; verify the actual dispensed vial. 11-digit carton NDC with N4 in 24A shaded area.

## DOSE-TO-UNIT MATH

DOSE	J2919 UNITS	USE CASE
40 mg	<b>8</b>	Asthma/COPD, low-end premed
80 mg	<b>16</b>	Asthma, anaphylaxis
125 mg	<b>25</b>	Most common premed; anaphylaxis
250 mg	<b>50</b>	Autoimmune flare
500 mg	<b>100</b>	Transplant rejection (low end)
1,000 mg (1 g)	<b>200</b>	MS pulse, vasculitis induction
2,000 mg (2 g)	<b>400</b>	Lupus cerebritis, severe vasculitis

**Cross-check:** units = mg ÷ 5. Never billed in mg.

## SOLU-MEDROL VS DEPO-MEDROL (DO NOT CONFUSE)

	SOLU-MEDROL (J2919)	DEPO-MEDROL (J1020/J1030/J1040)
Salt	Sodium succinate (soluble)	Acetate (depot)
Route	IV or IM	IM, intra-articular — <b>NEVER IV</b>
Unit	5 mg = 1 unit	J1020 20mg / J1030 40mg / J1040 80mg per unit
Onset	Minutes (IV)	Hours, weeks of effect

**IV order = Solu-Medrol.** Acetate IV can cause embolism. Reconcile MAR before posting.

## TOP DENIALS

REASON	FIX
96413 chemo billed on premed	Resubmit with 96365 or 96374; only chemo drug uses 96413
Unit math (mg as units)	units = mg / 5 (125 mg = 25 units, not 125)
Missing JZ/JW	Add JZ (no waste) or JW (with separate waste line)
Weak Dx (Z51.81 alone)	Add primary cancer + steroid rationale; for non-onc, code underlying acute condition
Wrong J-code (J1030 for IV)	IV = Solu-Medrol = J2919; J1030 is Depo IM
96365 downcoded to 96374	Document actual infusion duration; <16 min = 96374
Inpatient claim (POS 21)	Bundled into MS-DRG; no Part B line

## MULTI-INDICATION DOSING

INDICATION	DOSE	SCHEDULE
MS exacerbation pulse	1 g	IV daily × 3–5 d
Oncology premed	40–125 mg	Before chemo infusion
Transplant rejection	500–1,000 mg	IV daily × 3 d
Severe asthma / status	40–125 mg	IV q6h then taper PO
COPD exacerbation	40–125 mg	IV q6h then taper
Anaphylaxis adjunct	125 mg	After epi, then PO taper
SLE / vasculitis flare	250–1,000 mg	IV pulse × 3–5 d

## ADMIN CPT & MODIFIERS

CODE	WHEN
96365	<b>Therapeutic IV infusion</b> (16–60 min) — standalone Solu-Medrol
96366	+ each additional hr
96374	<b>Therapeutic IV push</b> (≤15 min) — standalone
96375	+ sequential push (e.g., behind chemo or another premed)
96367	+ sequential infusion (Solu-Medrol after chemo's initial 96413)
96372	IM admin (SC/IM therapeutic)

**NEVER 96413** — chemo admin is for cytotoxics and biologic response modifiers, not corticosteroids

**JZ/JW required.** JZ when vial matches dose (most common). JW + separate waste line when partial vial discarded.

## BILLING CONTEXTS

CONTEXT	TYPICAL POS	ADMIN CPT
Oncology premed	11 / 22	96374 push (or 96367 sequential infusion after chemo's 96413)
MS pulse outpatient	22 / 49	96365 infusion (30–60 min)
Transplant rejection	22 / 49	96365 infusion
ED severe asthma / anaphylaxis	23	96374 push
Rheum/neuro/pulm office	11	96365 or 96374
Inpatient (any indication)	21	Bundled DRG — no Part B claim

## TOP ICD-10

CODE	FOR
G35	Multiple sclerosis (pulse)
T78.2xxA	Anaphylaxis, initial
T86.11 / .21 / .41 / .810	Transplant rejection (kidney/heart/liver/lung)
J45.51 / J45.52	Severe persistent asthma exacerbation / status
J44.1	COPD with acute exacerbation
M32.1x	SLE with organ involvement
M31.30 / M30.1	GPA / polyarteritis nodosa, vasculitis
L10.x / L51.x	Pemphigus / SJS-TEN
Z51.11 + cancer	Chemo encounter (premed context)

## MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6% (J2919)	<b>\$0.241 / 5 mg unit</b>
40 mg	~\$1.93 (8 units)
125 mg	~\$6.03 (25 units)
250 mg	~\$12.05 (50 units)
500 mg	~\$24.10 (100 units)
1 g	~\$48.20 (200 units)
5-day MS pulse course (1 g × 5)	~\$241 drug cost

**Drug is cheap; admin CPT is the money.** 96374/96365 MPFS/OPPS fee typically exceeds drug cost 5–10×.

## PATIENT ASSISTANCE

- Pfizer RxPathways: 1-844-989-7284 (branded Solu-Medrol, uninsured)
- Generic typically too cheap to need PAP
- Premed cost absorbed by chemo manufacturer's copay program (BMS, Genentech, etc.) on oncology encounters

**Pending SME review.** Verify against current Pfizer Solu-Medrol PI, MAC LCDs, AMA CPT 2026 infusion-coding hierarchy, and CMS Q2 2026 ASP file at billing time.

Sources: Pfizer Solu-Medrol PI, FDA NDC Directory, CMS Q2 2026 ASP, AMA CPT 2026, AAN MS guidelines, NCCN Supportive Care, GINA, GOLD, AST acute rejection guidelines.

[carecostestimate.com/drugs/solu-medrol](https://carecostestimate.com/drugs/solu-medrol)