

SAMPLE CODING

Persistent, Recurrent or Metastatic Cervical Cancer

| ТҮРЕ | CODE | | DESCRIPTION |
|--|--------------|---------------|---|
| Diagnosis: ICD-10-CM | C53.0-C53.1 | | Malignant neoplasm of the endocervix and exocervix |
| | C53.8-C53.9 | | Malignant neoplasm of overlapping sites of cervix uteri and unspecified sites of the cervix uteri |
| Drug: HCPCS | J9035 | | Injection, bevacizumab, 10 mg |
| HCPCS: Modifier* 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 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 | |
| | 50242-060-01 | 50242-0060-01 | 100 mg/4 mL single-use vial |
| | 50242-061-01 | 50242-0061-01 | 400 mg/16 mL single-use vial |
| Administration procedures: 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) |
| | 96417 | | Chemotherapy administration, intravenous infusion technique; each additional sequential infusion (different substance/drug), up to 1 hour (List separately in addition to code for primary procedure) |

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.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

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Please see full <u>Prescribing Information</u> for important safety information.



^{*}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.

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.