

SAMPLE CODING

First- and Second-line Metastatic Colorectal Cancer

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C18.0		Malignant neoplasm of cecum
	C18.1		Malignant neoplasm of appendix
	C18.2–C18.9		Malignant neoplasm of the colon, various sites
	C19		Malignant neoplasm of rectosigmoid junction
	C20		Malignant neoplasm of rectum
	C21.8		Malignant neoplasm of overlapping sites of rectum, anus and anal canal
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.

*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.

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

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