

## SAMPLE CODING

### Stage III or IV Epithelial Ovarian, Fallopian Tube, or Primary Peritoneal Cancer Following Initial Surgery; or Platinum-sensitive or Platinum-resistant, Recurrent, Epithelial Ovarian, Fallopian Tube or Primary Peritoneal Cancer

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C48.1–C48.2		Malignant neoplasm of specified parts of peritoneum and unspecified parts of the peritoneum
	C48.8		Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
	C56.1–C56.3		Malignant neoplasm of right, left and bilateral ovaries
	C56.9		Malignant neoplasm of unspecified ovary
	C57.00–C57.02		Malignant neoplasm of unspecified, right, and left fallopian tube(s)
	C79.60		Secondary malignant neoplasm of unspecified ovary
	C79.61–C79.63		Secondary malignant neoplasm of right, left or bilateral ovary
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

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.

for AVASTIN®  
(bevacizumab)

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TYPE	CODE	DESCRIPTION
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)

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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 [Prescribing Information](#) for important safety information.