# SAMPLE CODING

## First-line Non-small Cell Lung Cancer

<table>
<thead>
<tr>
<th>TYPE</th>
<th>CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis: ICD-10-CM</td>
<td>C33</td>
<td>Malignant neoplasm of trachea</td>
</tr>
<tr>
<td></td>
<td>C34.00–C34.02</td>
<td>Malignant neoplasm of bronchus and lung, main bronchus</td>
</tr>
<tr>
<td></td>
<td>C34.10–C34.12</td>
<td>Malignant neoplasm of upper lobe, bronchus or lung</td>
</tr>
<tr>
<td></td>
<td>C34.2</td>
<td>Malignant neoplasm of middle lobe; bronchus or lung</td>
</tr>
<tr>
<td></td>
<td>C34.30–C34.32</td>
<td>Malignant neoplasm of lower lobe, bronchus or lung</td>
</tr>
<tr>
<td></td>
<td>C34.80–C34.82</td>
<td>Malignant neoplasm of overlapping sites, bronchus or lung</td>
</tr>
<tr>
<td></td>
<td>C34.90–C34.92</td>
<td>Malignant neoplasm of unspecified part, bronchus or lung</td>
</tr>
</tbody>
</table>

| Drug: HCPCS | J9035 | Injection, bevacizumab, 10 mg |

<table>
<thead>
<tr>
<th>Drug: NDC</th>
<th>10-digit</th>
<th>11-digit</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference.</td>
<td>50242-060-01</td>
<td>50242-0060-01</td>
<td>100 mg/4 mL single-use vial</td>
</tr>
<tr>
<td></td>
<td>50242-061-01</td>
<td>50242-0061-01</td>
<td>400 mg/16 mL single-use vial</td>
</tr>
</tbody>
</table>

| 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) |


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 service or item.

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

## INDICATIONS & IMPORTANT SAFETY INFORMATION

### Indications

Avastin, in combination with carboplatin and paclitaxel, followed by Avastin as a single agent, is indicated for the treatment of patients with stage III or IV epithelial ovarian, fallopian tube, or primary peritoneal cancer following initial surgical resection.

Please see accompanying full Prescribing Information for additional important safety information.
Indications (cont)

Avastin, in combination with paclitaxel, pegylated liposomal doxorubicin, or topotecan, is indicated for the treatment of patients with platinum-resistant recurrent epithelial ovarian, fallopian tube or primary peritoneal cancer who received no more than 2 prior chemotherapy regimens.

Avastin, in combination with carboplatin and paclitaxel, or with carboplatin and gemcitabine, followed by Avastin as a single agent, is indicated for the treatment of patients with platinum-sensitive recurrent epithelial ovarian, fallopian tube, or primary peritoneal cancer.

[CC]

Avastin, in combination with paclitaxel and cisplatin or paclitaxel and topotecan, is indicated for the treatment of patients with persistent, recurrent, or metastatic cervical cancer.

[mRCC]

Avastin, in combination with interferon alfa, is indicated for the treatment of metastatic renal cell carcinoma.

[rGBM]

Avastin is indicated for the treatment of recurrent glioblastoma in adults.

[NSCLC]

Avastin, in combination with carboplatin and paclitaxel, is indicated for the first-line treatment of patients with unresectable, locally advanced, recurrent or metastatic non–squamous non–small cell lung cancer.

[MCRC]

Avastin, in combination with intravenous fluorouracil-based chemotherapy, is indicated for the first- or second-line treatment of patients with metastatic colorectal cancer.

Avastin, in combination with fluoropyrimidine-irinotecan- or fluoropyrimidine-oxaliplatin-based chemotherapy, is indicated for the second-line treatment of patients with metastatic colorectal cancer who have progressed on a first-line Avastin-containing regimen.

Limitation of Use: Avastin is not indicated for adjuvant treatment of colon cancer.

Important Safety Information

Serious adverse reactions (Warnings and Precautions)

• Serious and sometimes fatal adverse reactions with increased incidence in the Avastin-treated arm vs chemotherapy arm included:
  – Gastrointestinal (GI) perforation ranged from 0.3% to 3% of patients across clinical studies
  – Non-GI fistulae (<1% to 1.8%, highest in patients with cervical cancer)
  – Arterial thromboembolic events (Grade ≥3, 5%, highest in patients with GBM)
  – The incidence of wound healing and surgical complications, including serious and fatal complications, is increased in Avastin-treated patients
  – Hemorrhage (Grade 3–5) ranged from 0.4% to 7% of patients across clinical studies
  – Renal injury and proteinuria
    – Grade 3–4 proteinuria ranged from 0.7% to 7% in clinical studies
    – Nephrotic syndrome (<1%)

• Additional serious adverse reactions with increased incidence in the Avastin-treated arm vs chemotherapy arm included:
  – Venous thromboembolism (Grade ≥3, 11% seen in GOG-0240)
  – Hypertension (Grade 3–4, 5%–18%)
  – Posterior reversible encephalopathy syndrome (PRES) (<0.5%)
  – Congestive heart failure (CHF): Grade ≥3 left ventricular dysfunction (1%)

• Infusion-related reactions with the first dose of Avastin occurred in <3% of patients, and severe reactions occurred in 0.2% of patients

• Avoid use in patients with ovarian cancer who have evidence of recto-sigmoid involvement by pelvic examination or bowel involvement on CT scan or clinical symptoms of bowel obstruction

• Inform females of reproductive potential of the risk of ovarian failure prior to initiating treatment with Avastin

Please see accompanying full Prescribing Information for additional important safety information.
Important Safety Information (cont)

Pregnancy warning

- Based on the mechanism of action and animal studies, Avastin may cause fetal harm
- Advise female patients that Avastin may cause fetal harm, and to inform their healthcare provider of a known or suspected pregnancy
- Advise females of reproductive potential to use effective contraception during treatment with Avastin and for 6 months after the last dose of Avastin
- Advise nursing women not to breastfeed during treatment with Avastin and for 6 months following their last dose of treatment
- Avastin may impair fertility

Most common adverse events

- Across studies, the most common adverse reactions observed in Avastin patients at a rate >10% were:
  - Epistaxis
  - Headache
  - Hypertension
  - Rhinitis
  - Proteinuria
  - Taste alteration
  - Dry skin
  - Rectal hemorrhage
  - Lacrimation disorder
  - Back pain
  - Exfoliative dermatitis
- Across all studies, Avastin was discontinued in 8% to 22% of patients because of adverse reactions

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to Genentech at (888) 835-2555.

Please see accompanying full Prescribing Information for additional important safety information.