

SAMPLE CODING

Adult Non-Hodgkin’s Lymphoma (NHL)

| TYPE | CODE | | DESCRIPTION |
|--|---------------|---------------|---|
| Diagnosis: ICD-10-CM | C82.00–C82.09 | | Follicular lymphoma grade I |
| | C82.10–C82.19 | | Follicular lymphoma grade II |
| | C82.20–C82.29 | | Follicular lymphoma grade III, unspecified |
| | C82.30–C82.39 | | Follicular lymphoma grade IIIa |
| | C82.50–C82.59 | | Diffuse follicle center lymphoma |
| | C82.80–C82.89 | | Other types of follicular lymphoma |
| | C82.90–C82.99 | | Follicular lymphoma, unspecified |
| | C83.00–C83.09 | | Small cell B-cell lymphoma |
| | C83.30–C83.38 | | Diffuse large B-cell lymphoma, lymph nodes of various sites |
| | C83.398 | | Diffuse large B-cell lymphoma of other extranodal and solid organ sites |
| Drug: HCPCS | J9312 | | Injection, rituximab, 10 mg |
| HCPCS: Modifier* | 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 | |
| | 50242-051-21 | 50242-0051-21 | 100 mg/10 mL single-dose vial |
| | 50242-053-06 | 50242-0053-06 | 500 mg/50 mL single-dose vial |

CMS=Centers for Medicare & Medicaid Services; 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. The JZ modifier is required to be used as of July 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 and Biogen do 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.

Adult Non-Hodgkin’s Lymphoma (NHL) (cont)

| 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) |

CPT=Current Procedural Terminology.

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 and Biogen do 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.