

for **RituxanHYCELA®**
(rituximab/hyaluronidase human)

SAMPLE CODING

Chronic Lymphoid Leukemia

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C91.10		Chronic lymphocytic leukemia of B-cell type not having achieved remission
	C91.12		Chronic lymphocytic leukemia of B-cell type in relapse
Drug: HCPCS	J9311		Injection, rituximab 10 mg and hyaluronidase
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	
	50242-108-01	50242-0108-01	1,400 mg rituximab and 23,400 Units hyaluronidase human per 11.7 mL (120 mg/2,000 Units per mL) solution in a single-dose vial
	50242-109-01	50242-0109-01	1,600 mg rituximab and 26,800 Units hyaluronidase human per 13.4 mL (120 mg/2,000 Units per mL) solution in a single-dose vial
Administration procedures: CPT	96401		Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

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.

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 service or item.

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

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Please see the full [Prescribing Information](#), including **Boxed WARNINGS** and Medication Guide, for Important Safety Information.