

for **TECENTRIQ Hybreza™** (atezolizumab/hyaluronidase-tqjs)

SAMPLE CODING

Alveolar Soft Part Sarcoma (ASPS)

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C49.0		Malignant neoplasm of connective and soft tissue of head, face and neck
	C49.11		Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
	C49.12		Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
	C49.21		Malignant neoplasm of connective and soft tissue of right lower limb, including hip
	C49.22		Malignant neoplasm of connective and soft tissue of left lower limb, including hip
	C49.3		Malignant neoplasm of connective and soft tissue of thorax
	C49.4		Malignant neoplasm of connective and soft tissue of abdomen
	C49.5		Malignant neoplasm of connective and soft tissue of pelvis
	C49.6		Malignant neoplasm of connective and soft tissue of trunk, unspecified
	C49.8		Malignant neoplasm of overlapping sites of connective and soft tissue
Drug: HCPCS	J9024		Injection, atezolizumab, 5 mg and hyaluronidase-tqjs
HCPCS: Modifier*	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	
	50242-933-01	50242-0933-01	1,875 mg atezolizumab and 30,000 units hyaluronidase per 15 mL (125 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

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 JZ modifier is required on claims for all single-dose containers or single-use drugs when no drug is discarded/administered to any patient as of July 1, 2023. For more information on the JZ modifier, 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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Please see full [Prescribing Information](#) for Important Safety Information.