

SAMPLE CODING

Untreated Follicular Lymphoma

| TYPE | CODE | | DESCRIPTION |
|--|---------------|---------------|---|
| Diagnosis: ICD-10-CM | C82.90–C82.99 | | Follicular lymphoma, unspecified |
| | 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 |
| | C82.80–C82.89 | | Other types of follicular lymphoma |
| Drug: HCPCS | J9301 | | Injection, obinutuzumab, 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. | 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 | 1000-mg single-use vial |
| | 50242-070-01 | 50242-0070-01 | |
| 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) |

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.

*While not required until July 1, 2023, the JZ modifier is available for use as of January 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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