

Sample Billing Codes for TECENTRIQ

► Unique HCPCS C-code
effective October 1, 2016.

ICD-10-CM	
Upper Tract Urothelial	
C65.1	Malignant neoplasm of the right renal pelvis
C65.2	Malignant neoplasm of the left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66.1	Malignant neoplasm of the right ureter
C66.2	Malignant neoplasm of the left ureter
C66.9	Malignant neoplasm of unspecified ureter

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 guarantees concerning reimbursement or coverage for any service or item.

ICD-10-CM	
Lower Tract Urothelial	
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68.0	Malignant neoplasm of the urethra

ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification.



FOR MORE INFORMATION, VISIT
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ADDITIONAL CODES		
HCPCS	J9999	Not otherwise classified, antineoplastic drugs
	J3590	Unclassified biologics
	J3490	Unclassified drugs
Hospital Outpatient HCPCS	C9483	Injection, atezolizumab, 10 mg

ADDITIONAL CODES			
NDC	10-digit	50242-917-01	(1200-mg/20-mL single-dose vial)
	11-digit	50242-0917-01	
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)

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NOTE: The Centers for Medicare & Medicaid Services (CMS) has **not yet assigned a product-specific HCPCS code**, or J-code, for TECENTRIQ. In the absence of a product-specific code, payers generally require use of a miscellaneous code when submitting claims. Check with individual payers for specific requirements. **J9999 is the most commonly used** “not otherwise classified” code for oncology therapies.¹

Tips for Using Miscellaneous HCPCS Codes

- Payers may require additional information in Box 19 of the CMS-1500 claim form when you submit claims, including:
 - ✓ Drug name (both brand and generic)
 - ✓ NDC
 - ✓ Drug strength
 - ✓ Dosage
 - ✓ Route of administration
- Remember, payer requirements vary. Consider monitoring the first few claims submitted to each plan so you can apply knowledge about the plan’s claim and reimbursement process to future claims

CPT=Current Procedural Terminology. HCPCS=Healthcare Common Procedure Coding System. NDC=National Drug Code.

Reference: 1. Centers for Medicare & Medicaid Services. *Medicare Claims Processing Manual*. Chapter 17-drugs and biologicals. Revision 3340. August 21, 2015. www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c17.pdf. Accessed October 29, 2015.

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