

SAMPLE CODING

First-, Second- and Third-line Metastatic Breast Cancer

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C50.011–C50.019 C50.111–C50.119 C50.211–C50.219 C50.311–C50.319 C50.411–C50.419 C50.511–C50.519 C50.611–C50.619 C50.811–C50.819 C50.911–C50.919		Malignant neoplasm of the female breast
	C50.021–C50.029 C50.121–C50.129 C50.221–C50.229 C50.321–C50.329 C50.421–C50.429 C50.521–C50.529 C50.621–C50.629 C50.821–C50.829 C50.921–C50.929		Malignant neoplasm of the male breast
Drug: HCPCS	J9355		Injection, trastuzumab, 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.	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	150-mg single-dose vial
	50242-132-01	50242-0132-01	

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 JW modifier is required on claims for all single-dose container or single-use drugs when an amount is discarded. While not required until July 1, 2023, the JZ modifier is available for use as of January 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 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.

for **Herceptin®**
(trastuzumab)

First-, Second- and Third-line Metastatic Breast Cancer (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)

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