

for TECENTRIQ® (atezolizumab)

SAMPLE CODING

Malignant Melanoma

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C43.0*–C43.9		Malignant melanoma of skin, by site
Drug: HCPCS	J9022		Injection, atezolizumab, 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	
	50242-917-01	50242-0917-01	1200 mg/20 mL single-dose vial
	50242-918-01	50242-0918-01	840 mg/14 mL single-dose vial
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)

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; NOS=Not Otherwise Specified.

*This range of codes does not include melanoma in situ (D03.-), malignant melanoma of the skin of genital organs (C51–C52, C60.-, C63.-), Merkel cell carcinoma (C4A.-), malignant neoplasm of vermilion border of lip (C00.0–C00.2), malignant neoplasm of the anus NOS (C21.0), malignant neoplasm of scrotum (C63.2); plus, for melanoma of sites other than the skin (not previously specified), code to the malignant neoplasm of that site.

[†]The JZ modifier is required to be used 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.