

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

**SAMPLE CODING**

**Hepatocellular Carcinoma (HCC)**

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C22.0		Liver cell carcinoma
	C22.8		Malignant neoplasm of liver, primary, unspecified as to type
Drug: HCPCS	J3490		Unclassified drugs
	J3590		Unclassified biologics
	J9999		Not otherwise classified, antineoplastic drugs
	C9399		Unclassified drugs or biologicals
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	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
	50242-933-01	50242-0933-01	
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 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.

TECENTRIQ HYBREZA™ is a trademark of Genentech, Inc.

Please see full [Prescribing Information](#) for Important Safety Information.