

for PHESGO®

(pertuzumab, trastuzumab, and hyaluronidase-zzxf)

SAMPLE CODING

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 (Effective January 1, 2021)	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 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

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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Breast Cancer (cont)

TYPE	CODE		DESCRIPTION
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	
	50242-245-01	50242-0245-01	Loading dose: 1,200 mg pertuzumab, 600 mg trastuzumab (total of 1,800 mg of combined pertuzumab and trastuzumab per vial), and 30,000 units hyaluronidase per 15 mL
	50242-260-01	50242-0260-01	Maintenance dose: 600 mg pertuzumab, 600 mg trastuzumab (total of 1,200 mg of combined pertuzumab and trastuzumab per vial), and 20,000 units hyaluronidase per 10 mL
Administration procedures: CPT	96401		Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic

BILLABLE UNITS

For CMS billing purposes, there are 1,800 mg of combined pertuzumab and trastuzumab in the loading dose (180 units) and 1,200 mg of combined pertuzumab and trastuzumab in the maintenance dose (120 units). Individual payers may have different preferences for billing PHESGO. Check with your local payers for specific information.

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