Genentech
A Member of the Roche Group
Access Solutions

for Rituxan®
(rituximab)

SAMPLE CODING

Adult Non-Hodgkin's Lymphoma (NHL)

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C82.00–C82.09		Follicular lymphoma grade I
	C82.10–C82.19		Follicular lymphoma grade II
	C82.20–C82.29		Follicular lymphoma grade III, unspecified
	C82.30–C82.39		Follicular lymphoma grade IIIa
	C82.50–C82.59		Diffuse follicle center lymphoma
	C82.80–C82.89		Other types of follicular lymphoma
	C82.90–C82.99		Follicular lymphoma, unspecified
	C83.00–C83.09		Small cell B-cell lymphoma
	C83.30–C83.38		Diffuse large B-cell lymphoma, lymph nodes of various sites
	C83.398		Diffuse large B-cell lymphoma of other extranodal and solid organ sites
Drug: HCPCS	J9312		Injection, rituximab, 10 mg
HCPCS: Modifier*	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	
	50242-051-21	50242-0051-21	100 mg/10 mL single-dose vial
	50242-053-06	50242-0053-06	500 mg/50 mL single-dose vial

CMS=Centers for Medicare & Medicaid Services; 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. The JZ modifier is required to be used as of July 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 and Biogen do 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.

Adult Non-Hodgkin's Lymphoma (NHL) (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)

CPT=Current Procedural Terminology.

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Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

Please see the full Prescribing Information, including Boxed WARNINGS and Medication Guide, for Important Safety Information.