

# Sample Billing Codes for RITUXAN HYCELA

ICD-10-CM	Follicular Lymphoma (FL)	
	C82.90-C82.99	Follicular lymphoma, unspecified
	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
	C82.40-C82.49	Follicular lymphoma grade IIIb
	C82.50-C82.59	Diffuse follicle center lymphoma
	C82.60-C82.69	Cutaneous follicle center lymphoma
	C82.80-C82.89	Other types of follicular lymphoma
ICD-10-CM	Diffuse Large B-cell Lymphoma (DLBCL)	
	C83.30-C83.39	Diffuse large B-cell lymphoma
	ICD-10-CM	Chronic Lymphocytic Leukemia (CLL)
C91.10		Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.12		Chronic lymphocytic leukemia of B-cell type in relapse
HCPCS	J9999	Not otherwise classified, antineoplastic drugs
	J3590	Unclassified biologics
	J3490	Unclassified drugs

Hospital Outpatient HCPCS	C9399		Unclassified drugs or biologicals
	NDC	10-digit	11-digit
NDC	50242-108-01	50242-0108-01	1,400 mg rituximab and 23,400 Units hyaluronidase human per 11.7 mL (120 mg/2,000 Units per mL) solution in a single-dose vial
	50242-109-01	50242-0109-01	1,600 mg rituximab and 26,800 Units hyaluronidase human per 13.4 mL (120 mg/2,000 Units per mL) solution in a single-dose vial
CPT	96401	Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic	
	96372	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	
Billable Units	For miscellaneous HCPCS codes, 1 billable unit is generally equal to 1 dose. Payers might have different preferences for billing for RITUXAN HYCELA. Check with your local payers for specific billing unit information.		

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.

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 service or item.

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

# Coding and Billing for RITUXAN HYCELA

## When submitting claims for RITUXAN HYCELA, it is important to keep a few considerations in mind:

- Genentech BioOncology® Access Solutions offers your RITUXAN HYCELA patients the same services and patient assistance options that we offer for new or existing RITUXAN® (rituximab) patients
- Because RITUXAN HYCELA is a combination of rituximab and hyaluronidase human, it has different billing and coding requirements than intravenous RITUXAN:
  - RITUXAN HYCELA is billed per single-dose vial, 1,400 mg/23,400 Units for the FL and DLBCL indications and 1,600 mg/26,800 Units for the CLL indications



**NOTE:** The Centers for Medicare & Medicaid Services (CMS) has not yet assigned a product-specific HCPCS code, or J-code, for RITUXAN HYCELA. In the absence of a product-specific code, payers generally require use of a miscellaneous code when submitting claims. Check with individual payers for specific requirements.

## Tips for Using Miscellaneous HCPCS Codes

- Payers may require additional information in Box 19 of the CMS-1500 claim form when you submit claims, including:
  - Drug name (both brand and generic)
  - NDC
  - Drug strength
  - Dosage
  - Route of administration
- Remember, payer requirements vary. Consider monitoring the first few claims submitted to each plan so you can apply knowledge about the plan's claim and reimbursement process to future claims

## For more information:



**Visit** [Genentech-Access.com/RITUXAN HYCELA](http://Genentech-Access.com/RITUXAN_HYCELA)



**Call** (888) 249-4918



**Contact** your BioOncology Field Reimbursement Manager (BFRM)

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