

Reimbursement, Billing, and Coding Guide for Breast Cancer

The tables below and on the next page include examples of codes that may be appropriate for use when billing and seeking reimbursement for breast cancer treatment.

Coding requirements may vary by insurer or plan. Gilead Sciences, Inc., has provided these codes only as a reference. When submitting a claim, always verify coding requirements with the relevant payer. Healthcare professionals are solely responsible for selecting codes that appropriately reflect the patient's diagnosis, the services rendered, and the applicable payer's guidelines. The use of this information does not guarantee payment or that any payment received will cover costs.

Current Procedural Terminology (CPT®) Codes for Drug Administration Service

CPT Code	Description
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)

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Revenue Codes (for Hospital Claims Only)

All hospital claim forms must include a revenue code for each charge line item. The following revenue codes are most relevant for physician-administered drugs.

Revenue Code	Description
0250	Pharmacy
0636	Pharmacy—drugs requiring detailed coding



To speak with a program specialist, call **1-844-876-3358** Monday through Friday, **9 AM to 7 PM ET**. Or learn more at [gileadoncologysupport.com](https://www.gileadoncologysupport.com)

If calling outside of business hours, please leave a voicemail and we will return your call the next business day. We can support multiple languages.

ICD-10-CM and Z Diagnosis Codes

ICD-10 diagnosis codes represent medical terminology for diseases, disorders, or other medical conditions affecting the patient. Proper diagnosis coding involves using the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) volumes to select the appropriate codes based on documentation in the patient's medical record and assigning those codes correctly on claims.

ICD-10-CM Diagnosis Code ^a	Indication	Description
C50.011 - C50.929	mTNBC, HR+/HER2- mBC	Malignant neoplasm of breast

ICD-10 secondary Z codes identify hormone receptor and HER2 status, which reflect the incidence and management of triple-negative breast cancer, in addition to other breast cancer subtypes.

ICD-10 Z Code ^a	Biomarkers	Description
Z17.21	PR+	Progesterone receptor positive status
Z17.22	PR-	Progesterone receptor negative status
Z17.31	HER2+	Human epidermal growth factor receptor 2 positive status
Z17.32	HER2-	Human epidermal growth factor receptor 2 negative status
Z17.410	HR+ with HER2+	Hormone receptor positive with human epidermal growth factor receptor 2 positive status
Z17.411	HR+ with HER2-	Hormone receptor positive with human epidermal growth factor receptor 2 negative status
Z17.420	HR- with HER2+	Hormone receptor negative with human epidermal growth factor receptor 2 positive status
Z17.421	HR- with HER2-	Hormone receptor negative with human epidermal growth factor receptor 2 negative status

mBC, metastatic breast cancer; mTNBC, metastatic triple-negative breast cancer.

^aVisit the Centers for Medicare & Medicaid Services for all codes for breast cancer.

ICD-10-CM codes: https://www.cms.gov/icd10m/version37-fullcode-cms/fullcode_cms/P0230.html

Z codes: <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-pps-final-rule-home-page#Tables> (Table 6A)

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