Tecentriq (atezolizumab) — HCPCS J9022

CARECOST ESTIMATE · BILLING CHEAT SHEET

Genentech (Roche) 840 mg/14 mL & 1,200 mg/20 mL SDV (60 mg/mL) IV infusion 60 min first / 30 min subsequent **Reviewed:** May 2, 2026

ASP: Q2 2026

HCPCS	STD DOSE	MODIFIER	ADMIN CPT	MEDICARE ASP+6%
J9022	120 units	JZ	96413	$93.997
10 mg = 1 unit	1,200 mg q3w · 1 vial	whole vial, no waste	Chemo IV (60/30 min)	/10 mg unit · $11,279.64/dose

IV vs Hybreza SC — do not co-mingle. J9022 = IV atezolizumab (this sheet). **J9023** = Tecentriq Hybreza SC (atezolizumab + hyaluronidase-tqjs, 10 mg) effective 7/1/2025, fixed 1,875 mg q3w, paired with CPT 96401. Separate PA required to switch.

CODES & NDC

HCPCS	`J9022` — "Injection, atezolizumab, 10 mg" (permanent, 1 unit = 10 mg)
NDC (840 MG)	`50242-917-01` — 840 mg / 14 mL SDV (60 mg/mL); N4 qualifier
NDC (1,200 MG)	`50242-918-01` — 1,200 mg / 20 mL SDV (60 mg/mL); N4 qualifier
SC VARIANT	`J9023` — Tecentriq Hybreza (atezolizumab + hyaluronidase-tqjs), 10 mg, eff. 7/1/2025
BENEFIT	Medical (provider buy-and-bill); not specialty pharmacy

DOSING — THREE FLAT-DOSE REGIMENS

REGIMEN	UNITS	VIALS DRAWN	COMMON INDICATION
`840 mg q2w`	84	1 × 840 mg	NSCLC adjuvant monotherapy
`1,200 mg q3w`	**120**	1 × 1,200 mg	NSCLC, SCLC, HCC, urothelial (most common)
`1,680 mg q4w`	168 admin + 36 waste	1 × 1,200 + 1 × 840	Extended interval (any indication)

- First infusion 60 min IV; subsequent infusions 30 min if tolerated
- Dilute in 0.9% NaCl, 250 mL bag; do NOT bolus / IV push
- No premedication required (immune checkpoint inhibitor)
- Annual drug volume identical across regimens (~20,400 mg/yr)

ICD-10 — BY INDICATION

CODE	FOR
`C34.0–C34.9`	NSCLC (1L combo, adjuvant, 1L mono if PD-L1 ≥50%)
`C34.x`	SCLC (1L combo carbo + etoposide)
`C22.0`	HCC (combo with bevacizumab)
`C67.0–C67.9`	Urothelial (post-platinum 2L+, cisplatin-ineligible 1L)
`C50.x`	TNBC (PD-L1+ combo with nab-paclitaxel)
`C43.x`	Melanoma BRAF V600 (combo cobimetinib + vemurafenib)
`C49.x`	Alveolar soft part sarcoma (ASPS)

PAYER REQUIREMENTS (MAY 2026)

PAYER	PA	NOTES
UnitedHealthcare	Yes	PA + PD-L1 biomarker docs for all PD-L1-gated indications
Aetna	Yes	Step from chemo for some indications; Keytruda preferred for some NSCLC contexts
Anthem / Carelon	Yes	Oncology PA; SCLC and HCC preferred regimens with carbo/etoposide and bevacizumab
Medicare (Part B)	No PA	LCDs cover all FDA-approved indications; sequestration ~2%

Top denial drivers: missing PD-L1 result, wrong assay (Dako 22C3 vs VENTANA), Hybreza submitted on J9022, missing JZ/JW, biomarker dated after PA.

PD-L1 BIOMARKER TESTING — REQUIRED FOR MANY INDICATIONS

INDICATION	ASSAY	THRESHOLD
NSCLC 1L monotherapy	VENTANA SP263	TC ≥50% or IC ≥10%
NSCLC adjuvant (post-resection)	VENTANA SP263	TC ≥1%
Urothelial 1L cisplatin-ineligible	VENTANA SP142	IC ≥5%
TNBC + nab-paclitaxel	VENTANA SP142	IC ≥1%
SCLC / HCC / BRAF mel / ASPS	n/a	No PD-L1 required

Workflow: Document assay name, scoring system, percentage in PA. Dako 22C3 may be accepted by some payers as bridging. Test BEFORE PA submission.

ADMINISTRATION & MODIFIERS

CODE	WHEN
`96413`	**Primary** — chemo IV infusion, up to 1 hr (use for both 60-min and 30-min infusions)
`96415`	Each additional hour (only if chair time exceeds 1 hr)
`96365`	**Do NOT use** — atezolizumab is billed under chemo admin codes
`JZ`	840 mg and 1,200 mg doses (whole vial, no waste)
`JW`	1,680 mg dose — 36 units of waste on separate line (1,200 + 840 = 2,040 drawn; 1,680 admin; 360 mg discard)

JZ/JW required on every J9022 claim per CMS July 2023 single-dose container policy.

MEDICARE REIMBURSEMENT (Q2 2026)

FIELD	VALUE
ASP + 6%	**$93.997 / 10 mg unit** (eff. 4/1 – 6/30/2026)
840 mg dose (84 units)	**$7,895.75**
1,200 mg dose (120 units)	**$11,279.64**
1,680 mg dose (168 units admin)	**$15,791.50** (+ 36-unit JW line)
Annual (q3w × 17 doses)	~$191,754

Sequestration ~2% reduces actual paid to roughly ASP + 4.3%. ASP refreshed quarterly by CMS.

SITE OF CARE

SETTING	POS	NOTES
Physician office	11	Preferred by UHC/Aetna; 30-min subseq fits cleanly
Ambulatory infusion suite	49	Common
Hospital outpatient (HOPD)	19/22	Commercial payers may steer away; 340B contract pharmacy considerations

PATIENT ASSISTANCE — GENENTECH

- **Phone:** 1-866-422-2377 (Genentech Access Solutions)
- **Co-pay card:** Genentech Oncology Co-pay Assistance Program (commercial only)
- **PAP:** Genentech Patient Foundation — free drug for uninsured/underinsured
- **Independent foundations:** PAN, HealthWell, Patient Advocate Foundation (Medicare/Medicaid)
- Web: `genentech-access.com/tecentriq`

Immune-mediated AEs (irAEs) — W&P, no Boxed: pneumonitis, colitis, hepatitis, endocrinopathies (hypothyroidism most common; T1DM, adrenal insufficiency, hypophysitis), nephritis, SCARs (SJS/TEN/DRESS), infusion reactions, myocarditis, myositis, pancreatitis, neurologic. Document baseline TSH, CBC, CMP, LFTs + surveillance schedule for audit defense.

Pending SME review. Staff-authored from FDA label, CMS Q2 2026 ASP file, NCCN guidelines, Genentech Access materials, and UHC/Aetna oncology policies. Verify payer-specific PA requirements before submission.

Sources: FDA label (Tecentriq, BLA 761034), CMS ASP Q2 2026, NCCN (NSCLC/SCLC/HCC/Urothelial), Genentech Access Solutions, UHC/Aetna/Anthem oncology policies, AAPC.