Seagen Secure®
Patient Assistance Program

855-4SECURE (855-473-2873)
Monday-Friday, 8 AM-8 PM ET

Sample Hodgkin Lymphoma Codes

Diagnosis: ICD-10-CM

Digits 1-4: Diagnosis Code[1]

HL	Code Description
C81.1	Nodular sclerosis classical HL
C81.2	Mixed cellularity classical HL
C81.3	Lymphocyte-depleted classical HL
C81.4	Lymphocyte-rich classical HL
C81.7	Other classical HL
C81.9	HL, unspecified

PTCL	Code Description
C84.4	PTCL, not elsewhere classified
C84.6	ALCL, ALK-positive
C84.7	ALCL, ALK-negative
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C91.5	ATLL (HTLV-1-associated)

CTCL	Code Description
C84.0	MF
C86.6	Primary cutaneous CD30-positive T-cell proliferations (includes primary cutaneous ALCL)

NDC Code[2]

ADCETRIS® (brentuximab vedotin) for injection

Dosage	NDC Code
50-mg single dose vial	51144-050-01

Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary.

This document is provided by Seagen as general guidance only. Coverage, coding, and payment may vary by payer, plan, and treatment setting. It is the sole responsibility of the provider to ensure the accuracy of coding and documentation on claim forms.

*Does not apply to C86.2, C86.5, or C86.6.

ALCL = anaplastic large cell lymphoma; ALK = anaplastic lymphoma kinase; ATLL = adult T-cell leukemia/lymphoma; CPT = Current Procedural Terminology; CTCL = cutaneous T-cell lymphoma; HCPCS = Healthcare Common Procedure Coding System; HL = Hodgkin lymphoma; ICD-10-CM = International Classification of Diseases, Tenth Revision, Clinical Modification; MF = mycosis fungoides; NDC = National Drug Code; PTCL = peripheral T-cell lymphoma; PTCL-NOS = peripheral T-cell lymphoma, not otherwise specified.

Digit 5: Site[1] (Always bill to the 5th digit)

Subcodes* for HL, PTCL-NOS, ALCL, and MF	
0	Unspecified site
1	Lymph nodes of head, face, and neck
2	Intrathoracic lymph nodes
3	Intra-abdominal lymph nodes
4	Lymph nodes of the axilla and upper limb
5	Lymph nodes of the inguinal region and lower limb
6	Intrapelvic lymph nodes
7	Spleen
8	Lymph nodes of multiple sites
9	Extranodal and solid organ sites

Subcodes for ATLL Only	
0	Not having achieved remission
1	In remission
2	In relapse

HCPCS Code[3]

	Code Description
J9042	Injection, brentuximab vedotin, 1 mg

CPT Codes[4]

5-digit codes that describe procedures and services performed by physicians and other healthcare providers (HCPs)

	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

Call or visit **SeagenSecure.com** for resources and information about Benefit and Reimbursement Assistance

Please see Indications and Important Safety Information on pages 2-3.
Click here for full Prescribing Information, including BOXED WARNING, for ADCETRIS.

Indications and Important Safety Information[2]

ADCETRIS® (brentuximab vedotin) is indicated for the treatment of:

Previously untreated Stage III/IV cHL
- Adult patients with previously untreated Stage III/IV classical Hodgkin lymphoma (cHL), in combination with doxorubicin, vinblastine, and dacarbazine.

Previously untreated high risk cHL
- Pediatric patients 2 years and older with previously untreated high risk cHL, in combination with doxorubicin, vincristine, etoposide, prednisone, and cyclophosphamide.

cHL post-auto-HSCT consolidation
- Adult patients with cHL at high risk of relapse or progression as post-autologous hematopoietic stem cell transplantation (auto-HSCT) consolidation.

Relapsed cHL
- Adult patients with cHL after failure of auto-HSCT or after failure of at least two prior multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates.

Previously untreated sALCL or other CD30-expressing PTCL
- Adult patients with previously untreated systemic anaplastic large cell lymphoma (sALCL) or other CD30-expressing peripheral T-cell lymphomas (PTCL), including angioimmunoblastic T-cell lymphoma and PTCL not otherwise specified, in combination with cyclophosphamide, doxorubicin, and prednisone.

Relapsed sALCL
- Adult patients with sALCL after failure of at least one prior multi-agent chemotherapy regimen.

Relapsed pcALCL or CD30-expressing MF
- Adult patients with primary cutaneous anaplastic large cell lymphoma (pcALCL) or CD30-expressing mycosis fungoides (MF) who have received prior systemic therapy.

BOXED WARNING

PROGRESSIVE MULTIFOCAL LEUKOENCEPHALOPATHY (PML): JC virus infection resulting in PML and death can occur in ADCETRIS-treated patients.

CONTRAINDICATION

Contraindicated with concomitant bleomycin due to pulmonary toxicity (e.g., interstitial infiltration and/or inflammation).

WARNINGS AND PRECAUTIONS

Peripheral neuropathy (PN): ADCETRIS causes PN that is predominantly sensory. Cases of motor PN have also been reported. ADCETRIS-induced PN is cumulative. Monitor for symptoms such as hypoesthesia, hyperesthesia, paresthesia, discomfort, a burning sensation, neuropathic pain, or weakness. Patients experiencing new or worsening PN may require a delay, change in dose, or discontinuation of ADCETRIS.

Anaphylaxis and infusion reactions: Infusion-related reactions (IRR), including anaphylaxis, have occurred with ADCETRIS. Monitor patients during infusion. If an IRR occurs, interrupt the infusion and institute appropriate medical management. If anaphylaxis occurs, immediately and permanently discontinue the infusion and administer appropriate medical therapy. Premedicate patients with a prior IRR before subsequent infusions. Premedication may include acetaminophen, an antihistamine, and a corticosteroid.

Hematologic toxicities: Fatal and serious cases of febrile neutropenia have been reported with ADCETRIS. Prolonged (≥1 week) severe neutropenia and Grade 3 or 4 thrombocytopenia or anemia can occur with ADCETRIS.

Administer G-CSF primary prophylaxis beginning with Cycle 1 for adult patients who receive ADCETRIS in combination with chemotherapy for previously untreated Stage III/IV cHL or previously untreated PTCL, and pediatric patients who receive ADCETRIS in combination with chemotherapy for previously untreated high risk cHL.

Monitor complete blood counts prior to each ADCETRIS dose. Monitor more frequently for patients with Grade 3 or 4 neutropenia. Monitor patients for fever. If Grade 3 or 4 neutropenia develops, consider dose delays, reductions, discontinuation, or G-CSF prophylaxis with subsequent doses.

Serious infections and opportunistic infections: Infections such as pneumonia, bacteremia, and sepsis or septic shock (including fatal outcomes) have been reported in ADCETRIS-treated patients. Closely monitor patients during treatment for infections.

Tumor lysis syndrome: Patients with rapidly proliferating tumor and high tumor burden may be at increased risk. Monitor closely and take appropriate measures.

Click here for full Prescribing Information, including BOXED WARNING, for ADCETRIS.

Important Safety Information (cont'd)[2]

Increased toxicity in the presence of severe renal impairment: The frequency of ≥Grade 3 adverse reactions and deaths was greater in patients with severe renal impairment. Avoid use in patients with severe renal impairment.

Increased toxicity in the presence of moderate or severe hepatic impairment: The frequency of ≥Grade 3 adverse reactions and deaths was greater in patients with moderate or severe hepatic impairment. Avoid use in patients with moderate or severe hepatic impairment.

Hepatotoxicity: Fatal and serious cases have occurred in ADCETRIS-treated patients. Cases were consistent with hepatocellular injury, including elevations of transaminases and/or bilirubin, and occurred after the first ADCETRIS dose or rechallenge. Preexisting liver disease, elevated baseline liver enzymes, and concomitant medications may increase the risk. Monitor liver enzymes and bilirubin. Patients with new, worsening, or recurrent hepatotoxicity may require a delay, change in dose, or discontinuation of ADCETRIS.

PML: Fatal cases of JC virus infection resulting in PML have been reported in ADCETRIS-treated patients. First onset of symptoms occurred at various times from initiation of ADCETRIS, with some cases occurring within 3 months of initial exposure. In addition to ADCETRIS therapy, other possible contributory factors include prior therapies and underlying disease that may cause immunosuppression. Consider PML diagnosis in patients with new-onset signs and symptoms of central nervous system abnormalities. Hold ADCETRIS if PML is suspected and discontinue ADCETRIS if PML is confirmed.

Pulmonary toxicity: Fatal and serious events of noninfectious pulmonary toxicity, including pneumonitis, interstitial lung disease, and acute respiratory distress syndrome, have been reported. Monitor patients for signs and symptoms, including cough and dyspnea. In the event of new or worsening pulmonary symptoms, hold ADCETRIS dosing during evaluation and until symptomatic improvement.

Serious dermatologic reactions: Fatal and serious cases of Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) have been reported with ADCETRIS. If SJS or TEN occurs, discontinue ADCETRIS and administer appropriate medical therapy.

Gastrointestinal (GI) complications: Fatal and serious cases of acute pancreatitis have been reported. Other fatal and serious GI complications include perforation, hemorrhage, erosion, ulcer, intestinal obstruction, enterocolitis, neutropenic colitis, and ileus. Lymphoma with preexisting GI involvement may increase the risk of perforation. In the event of new or worsening GI symptoms, including severe abdominal pain, perform a prompt diagnostic evaluation and treat appropriately.

Hyperglycemia: Serious cases, such as new-onset hyperglycemia, exacerbation of preexisting diabetes mellitus, and ketoacidosis (including fatal outcomes) have been reported with ADCETRIS. Hyperglycemia occurred more frequently in patients with high body mass index or diabetes. Monitor serum glucose and if hyperglycemia develops, administer anti-hyperglycemic medications as clinically indicated.

Embryo-fetal toxicity: Based on the mechanism of action and animal studies, ADCETRIS can cause fetal harm. Advise females of reproductive potential of this potential risk, and to use effective contraception during ADCETRIS treatment and for 2 months after the last dose of ADCETRIS. Advise male patients with female partners of reproductive potential to use effective contraception during ADCETRIS treatment and for 4 months after the last dose of ADCETRIS.

ADVERSE REACTIONS

The most common adverse reactions (≥20% in any study) are peripheral neuropathy, fatigue, nausea, diarrhea, neutropenia, upper respiratory tract infection, pyrexia, constipation, vomiting, alopecia, decreased weight, abdominal pain, anemia, stomatitis, lymphopenia, mucositis, thrombocytopenia, and febrile neutropenia.

DRUG INTERACTIONS

Concomitant use of strong CYP3A4 inhibitors has the potential to affect the exposure to monomethyl auristatin E (MMAE). Closely monitor adverse reactions.

USE IN SPECIAL POPULATIONS

Lactation: Breastfeeding is not recommended during ADCETRIS treatment.

Click here for full Prescribing Information, including BOXED WARNING, for ADCETRIS.

References: 1. 2024 ICD-10-CM. Centers for Medicare & Medicaid Services. https://www.cms.gov/files/zip/2024-code-tables-tabular-and-index-updated-06/21/2023.zip. File name: icd10cm_tabular_2024.pdf. Accessed 06-22-2023. **2.** ADCETRIS [Prescribing Information]. Bothell, WA: Seagen Inc.; 2023. **3.** HCPCS Quarterly Update. Centers for Medicare & Medicaid Services. https://www.cms.gov/files/zip/july-2023-alpha-numeric-hcpcs-file.zip. File name: HCPC2023_JUL_ANWEB_v2.xlsx. Accessed 06-22-2023. **4.** American Medical Association. CPT® 2023 Professional. Chicago, IL: American Medical Association; 2023.

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