

Guidelines for billing Avastin for Blue Cross and BCN commercial members

When submitting claims for Avastin® (bevacizumab), follow these guidelines:

Use	Member	HCPCS code to use
Intravitreal treatment	Blue Cross commercial	J3590
	BCN commercial	J9035 Important: Don't bill with modifier JZ. Billing with modifier JZ may lead to incorrect denials and longer-than-expected wait times for reimbursement.
Intravenous, or IV, infusions for oncology treatment	Blue Cross commercial	J9035
	BCN commercial	J9035

Note: When Avastin is used for intravitreal treatment:

- For many members, prior authorization isn't required for diagnoses associated with intraocular conditions.
- Avastin injections are an off-label use and require a smaller-than-normal dosage.

For more information about requirements related to Avastin and other drugs covered under the medical benefit, see these documents:

- [Blue Cross and BCN utilization management medical drug list for Blue Cross commercial and BCN commercial members](#)
- [Utilization management medical drug list for Blue Cross and Blue Shield Federal Employee Program® non-Medicare members](#)
- [Medical oncology prior authorization list for Blue Cross and BCN commercial members: Medications that require authorization by Carelon](#)

You can access these lists and other information about requesting prior authorization on the following pages of the [ereferrals.bcbsm.com](https://www.ereferrals.bcbsm.com) website:

- [Blue Cross Medical Benefit Drugs](#)
- [BCN Medical Benefit Drugs](#)

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