

MISCELLANEOUS CODING & BILLING REFERENCE GUIDE

SAMPLE CMS-1450 CLAIM FORM - HOSPITAL OUTPATIENT SETTING

MONJUVI and the associated services provided in a hospital outpatient setting are billed on the CMS-1450 claim form or its electronic equivalent. A sample Medicare CMS-1450 claim form for billing MONJUVI is provided below as an example. It is always the provider's responsibility to determine the appropriate healthcare setting, and to submit true and correct claims for the products and services rendered. **Providers should contact third-party payers for specific information on their coding, coverage, and payment policies as needed.**

Box 42

List the appropriate revenue code for each service provided. Drugs that are billed with HCPCS codes usually require revenue code 0636 (drugs requiring detailed coding)¹

Box 43

For each item, enter the description of the revenue code used

Box 44

Enter the appropriate HCPCS codes, for example:

- Drug - C9070 (Injection, tafasitamab-cxix, 2mg), effective 01/01/2021
- Administration - 96413 (chemo infusion for 1st hour, single or initial drug) and 96415 (chemo infusion for each additional hour, 1-8 hours)²

Box 45

Enter the service date

Box 46

Enter the number of service units or total mg administered. Use the JW modifier to report discarded units

Box 67

Enter the primary diagnosis code

1		2		3a PAT. CNTL. #		4 TYPE OF BILL	
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42 43 44 45 46

0335 Chemo Infusion Intravenous 96413 09012020 1 \$
 0636 Injection, tafasitamab-cxix, 2mg C9070 09012020 XXmg \$

PAGE 1 OF 1 CREATION DATE 10/12/2020 TOTALS

50 PAYER NAME 51 HEALTH PLAN ID 52 REL. ID 53 ASS. ID 54 PRIOR PAYMENTS 55 EST. AMOUNT DUE 56 NPI 57 OTHER PRV ID

58 INSURED'S NAME 59 PPEL 60 INSURED'S UNIQUE ID 61 GROUP NAME 62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME

67

69 ADMIT DX 70 PATIENT REASON/DX 71 PPS CODE 72 ICD 73

74 PRINCIPAL PROCEDURE CODE DATE 75 OTHER PROCEDURE CODE DATE 76 ATTENDING NPI QUAL LAST FIRST

77 OPERATING NPI QUAL LAST FIRST

78 OTHER NPI QUAL LAST FIRST

79 OTHER NPI QUAL LAST FIRST

80 REMARKS 81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

References: 1. Cigna. Revenue Code List - CPT - HCPCS. <https://static.cigna.com/assets/chcp/pdf/resourceLibrary/medical/revenue-code-list-requiring-cpt-and-hcpcs-codes-for-outpatient-facility-claims.pdf>. Accessed October 12, 2020. 2. Centers for Medicare and Medicaid Services. CMS Manual System Pub 100-04 Medicare Claims Processing. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R826CP.pdf>. Accessed October 12, 2020.

HCPCS – Healthcare Common Procedure Coding System; NDC – National Drug Code.

INDICATION

MONJUVI® (tafasitamab-cxix), in combination with lenalidomide, is indicated for the treatment of adult patients with relapsed or refractory diffuse large B-cell lymphoma (DLBCL) not otherwise specified, including DLBCL arising from low grade lymphoma, and who are not eligible for autologous stem cell transplant (ASCT).

This indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

IMPORTANT SAFETY INFORMATION

Contraindications:

None.

Warnings and Precautions:

- **Infusion-Related Reactions (IRRs).** MONJUVI can cause IRRs, including chills, flushing, dyspnea, and hypertension. Premedicate patients and monitor frequently during infusion. Based on the severity of the IRR, interrupt or discontinue MONJUVI and institute appropriate medical management.
- **Myelosuppression.** MONJUVI can cause serious or severe myelosuppression, including neutropenia, thrombocytopenia, and anemia. Monitor complete blood counts (CBC) prior to administration of each treatment cycle and throughout treatment. Monitor patients with neutropenia for signs of infection. Consider granulocyte colony-stimulating factor administration. Withhold MONJUVI based on the severity of the adverse reaction. Refer to the lenalidomide prescribing information for dosage modifications.
- **Infections.** Fatal and serious infections, including opportunistic infections, occurred in patients during treatment with MONJUVI and following the last dose. 73% of the 81 patients developed an infection. The most frequent infections were respiratory tract infection, urinary tract infection, bronchitis, nasopharyngitis and pneumonia. Grade 3 or higher infection occurred (30% of 81 patients). The most frequent grade 3 or higher infection was pneumonia. Infection-related deaths were reported (2.5% of 81 patients). Monitor patients for signs and symptoms of infection and manage infections as appropriate.
- **Embryo-Fetal Toxicity.** Based on its mechanism of action, MONJUVI may cause fetal B-cell depletion when administered to a pregnant woman. Advise pregnant women of the potential risk to a fetus and women of reproductive potential to use effective contraception during treatment with MONJUVI and for at least 3 months after the last dose. The combination of MONJUVI with lenalidomide is contraindicated in pregnant women. Refer to the lenalidomide prescribing information on use during pregnancy.

Adverse Reactions:

The most common adverse reactions ($\geq 20\%$) were neutropenia (51%), fatigue (38%), anemia (36%), diarrhea (36%), thrombocytopenia (31%), cough (26%), pyrexia (24%), peripheral edema (24%), respiratory tract infection (24%), and decreased appetite (22%).

You may report side effects to the FDA at (800) FDA-1088 or www.fda.gov/medwatch. You may also report side effects to MORPHOSYS US INC. at (844) 667-1992.

Please see the full [Prescribing Information](#) for additional Important Safety Information.