

# MISCELLANEOUS CODING & BILLING REFERENCE GUIDE

## SAMPLE CMS-1500 CLAIM FORM - PHYSICIAN OFFICE SETTING

MONJUVI and the associated services provided in the physician's office are billed on the CMS-1500 claim form or its electronic equivalent. A sample CMS-1500 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 19**  
 Payers require drug name, route of administration, NDC, and total dosage. Check with your payer to verify requirements

**Box 21**  
 Enter appropriate diagnosis code(s)

**Box 24 A-B**  
 Enter the date of service and the appropriate place of service code

**Box 24D**  
 Enter the appropriate drug and administration codes, for example:

- Drug - J9999 (not otherwise classified, anti-neoplastic drugs)<sup>1</sup>
- Administration - 96413 (chemo infusion for 1st hour, single or initial drug) and 96415 (chemo infusion for each additional hour, 1-8 hours)<sup>2</sup>

**Box 24E**  
 Specify the diagnosis, from Box 21, that relates to the drug or procedure listed in Box 24D

**Box 24G**  
 Enter the number of service units for each line item. Use the JW modifier to report discarded units as required by Medicare or other payers



**HEALTH INSURANCE CLAIM FORM**

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/>												18a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																																																																											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)												3. PATIENT'S BIRTH DATE												4. INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																																															
5. PATIENT'S ADDRESS (No., Street)												6. PATIENT RELATIONSHIP TO INSURED												7. INSURED'S ADDRESS (No., Street)																																																																																															
CITY												STATE												CITY												STATE																																																																																			
ZIP CODE												TELEPHONE (Include Area Code)												ZIP CODE												TELEPHONE (Include Area Code)																																																																																			
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)												10. IS PATIENT'S CONDITION RELATED TO:												11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																																															
a. OTHER INSURED'S POLICY OR GROUP NUMBER												a. EMPLOYMENT? (Current or Previous)												a. INSURED'S DATE OF BIRTH												SEX																																																																																			
b. RESERVED FOR NUCC USE												b. AUTO ACCIDENT?												b. OTHER CLAIM ID (Designated by NUCC)												b. OTHER CLAIM ID (Designated by NUCC)																																																																																			
c. RESERVED FOR NUCC USE												c. OTHER ACCIDENT?												c. INSURANCE PLAN NAME OR PROGRAM NAME												c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																																			
d. INSURANCE PLAN NAME OR PROGRAM NAME												10d. CLAIM CODES (Designated by NUCC)												d. IS THERE ANOTHER HEALTH BENEFIT PLAN?												d. IS THERE ANOTHER HEALTH BENEFIT PLAN?																																																																																			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.																								13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																																																																															
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)												15. OTHER DATE												16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION												16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION																																																																																			
17a. QUAL.												17b. NPI												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES																																																																																			
19. DATE OF REFERRING PROVIDER OR OTHER SOURCE												17a. QUAL.												17b. NPI												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES																																																																							
15. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)																																																																																																																							
MONJUVI, tafasitamab-cxix, Infusion, 73535-0208-01, total dosage																																																																																																																							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)																																																																																																																							
A. Diagnosis Code												B. DATE(S) OF SERVICE												C. PLACE OF SERVICE												D. PROCEDURES, SERVICES, OR SUPPLIES												E. DIAGNOSIS												F. CHARGES												G. DAYS OR UNITS												H. ICD-10												I. QUAL.												J. RENDERING PROVIDER ID.#											
1												09 01 20 09 01 20 11												96413												A												\$\$												1												NPI												N4000000000000ME000																																			
2												09 01 20 09 01 20 11												J9999												A												\$\$												1												NPI																																															
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6																																																																																																																							
25. FEDERAL TAX ID, NUMBER												SSN EIN												26. PATIENT'S ACCOUNT NO.												27. ACCEPT ASSIGNMENT?												28. TOTAL CHARGE												29. AMOUNT PAID												30. Rev'd for NUCC Use																																															
31. SIGNATURE OF PHYSICIAN OR SUPPLIER												32. SERVICE FACILITY LOCATION INFORMATION												33. BILLING PROVIDER INFO & PH #																																																																																															
SIGNED												DATE												a. NPI												b. NPI												a. NPI												b. NPI																																																											

NUCC Instruction Manual available at: www.nucc.org

**References:** 1. Centers and Medicare and Medicaid. 2020 HCPCS NOC Codes. <https://www.cms.gov/Medicare/Coding/HCPCSReleaseCodeSets/Alpha-Numeric-HCPCS-Items/2020-HCPCS-NOC-Codes>. Accessed July 29, 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 July 29, 2020.

NDC – National Drug Code.

Please see Indication and Important Safety Information on next page and full [Prescribing Information](#).

## 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, fatigue, anemia, diarrhea, thrombocytopenia, cough, pyrexia, peripheral edema, respiratory tract infection, and decreased appetite.

**You may report side effects to the FDA at (800) FDA-1088 or [www.fda.gov/medwatch](http://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.**