



BILLING & CODING GUIDE

This Guide Provides an Overview of Coverage, Coding, and Available Patient Support Services for MONJUVI

- ▶ Introduction
- ▶ Facilitating Coverage and Coding
- ▶ Coding and Billing Requirements
- ▶ Provider Readiness - Process and Tips
- ▶ IncyteCARES for MONJUVI

Please note this information is provided for your background education and is not intended to serve as guidance for specific coding, billing, and claims submissions. Decisions on which codes best describe the services provided must be made by individual providers based on their clinical judgment, payer specific guidance, and other requirements.

For Questions Regarding MONJUVI Reimbursement and Access, Please Call IncyteCARES at 1-855-452-5234, Monday through Friday, 8 AM - 8 PM ET

INDICATIONS AND USAGE

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).



This **Billing & Coding Guide** is intended to provide an overview of MONJUVI coding and coverage information. Please use this guide as a tool to support the reimbursement process and as a source of information on services available through IncyteCARES for MONJUVI.

While this guide provides information on navigating the reimbursement process, please note all enclosed coding information is for reference purposes only. This information does not guarantee payment or coverage for any product or service.

NCCN
PREFERRED

National Comprehensive Cancer Network® (NCCN®) recommends as an NCCN Category 2A, Preferred Treatment Option

NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines®) recommend tafasitamab-cxix (MONJUVI) + lenalidomide as an NCCN Category 2A preferred second-line or subsequent treatment option (if not previously used) for certain* patients living with DLBCL.†

*Category 2A treatment option for patients who relapsed in less than 12 months and are non-candidates for CAR T-cell therapy (excluding primary refractory disease); Category 2A treatment option for patients who relapsed after more than 12 months with no intention to proceed with transplant.¹

†It is unclear if tafasitamab or loncastuximab tesirine or if any other CD19-directed therapy will have a negative impact on the efficacy of subsequent anti-CD19 CAR T-cell therapy.

NCCN makes no warranties of any kind whatsoever regarding their content, use, or application and disclaims any responsibility for their application or use in any way.

IMPORTANT SAFETY INFORMATION

Contraindications

None.

Warnings and Precautions

- **Infusion-Related Reactions (IRRs).** MONJUVI (tafasitamab-cxix) can cause IRRs, including fever, chills, rash, 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.

Please see additional Important Safety Information on page 9 and the Full [Prescribing Information](#) for more information about MONJUVI.

(continued on page 9)

FACILITATING COVERAGE AND CODING

MONJUVI HAS A UNIQUE J-CODE:

J9349

Injection, tafasitamab-cxix, 2 mg

Payer requirements regarding detailed claim form information may vary. It is important to check with individual payers on their specific requirements, especially as related to units of measurement.

MONJUVI J-CODE BILLING UNIT CONVERSION

| | | |
|-------------------------------|---|------------------|
| J9349 Billing Unit | = | 2 mg |
| 1 Single-Dose Vial of MONJUVI | = | 200 mg |
| 200 mg Vial | = | 100 Units |

The total number of mg administered will vary based on patient weight.

What can I do to support timely reimbursement of MONJUVI claims?

- ▶ Follow the payer’s policy information regarding MONJUVI coverage requirements:
 - ▶ Prior Authorization
 - ▶ Patient medical history and prior treatments
 - ▶ Other supporting clinical information
- ▶ When completing the 1450 or 1500 Claims Form, use the MONJUVI specific J-Code: J9349 (Injection, tafasitamab-cxix, 2 mg)
- ▶ Include correct number of units administered
 - ▶ E.g., One 200 mg vial is equal to 100 units
 - ▶ Separately, use the JW modifier to report discarded units as required
 - ▶ If no product was discarded, include the JZ modifier to attest to no wastage
- ▶ Ensure accuracy of the following information needed to process the claim:
 - ▶ CPT Code
 - ▶ Patient Diagnosis and information
 - ▶ Correct NDC Format (Payers typically require the 11-digit format)
 - ▶ Prior Authorization Number (if applicable)
- ▶ Check your payer agreements to ensure you understand any specific reimbursement needs for MONJUVI
- ▶ Make sure electronic claims are successfully submitted

The information herein is provided for educational purposes only. Insurance coverage and reimbursement are not guaranteed. Coverage and reimbursement may vary significantly by payer, plan, patient, and setting of care. It is the sole responsibility of the health care provider to select the proper codes and ensure the accuracy of all statements used in seeking coverage and reimbursement for an individual patient.



For Billing and Coding or Reimbursement Questions, or to Request Support From a Member of the Field Access and Reimbursement Team, Call **1-855-452-5234**, Monday through Friday 8 AM - 8 PM ET

Please see additional Important Safety Information on pages 2 and 9 and the Full [Prescribing Information](#) for more information about MONJUVI.

CODING AND BILLING REQUIREMENTS

COVERAGE

For Medicare patients, MONJUVI will be covered under Medicare Part B when used for an FDA-approved indication and when medically reasonable and necessary. There are no prior authorization requirements for MONJUVI under traditional fee-for-service Medicare plans.

For patients enrolled in Medicaid, a Medicare Advantage plan, or a commercial health plan, coverage of MONJUVI will vary by payer. Some payers may also apply utilization restrictions for MONJUVI.

CODING

Please refer to the table below to support appropriate claims processing for MONJUVI.

Effective April 1, 2021, MONJUVI has a permanent J-code - J9349 (Injection, tafasitamab-cxix, 2 mg).

| DLBCL ICD-10-CM DIAGNOSIS CODES | | DRUG ADMINISTRATION / CPT CODES | |
|---|--------|--|---|
| Unspecified site | C83.30 | Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial drug | 96413 |
| Lymph nodes of head, face, and neck | C83.31 | Chemotherapy administration, intravenous infusion technique; each additional hour, 1-8 hours <i>(List separately in addition to code for primary procedure)</i> | 96415 |
| Intrathoracic lymph nodes | C83.32 | JW Modifier - Modifier for wastage / discarded units <i>Requirements for wastage / discarded units should be confirmed on a payer by payer basis</i> | JW |
| Intra-abdominal lymph nodes | C83.33 | JZ Modifier - Modifier for zero product wastage | JZ |
| Lymph nodes of axilla and upper limb | C83.34 | MONJUVI DRUG CODES | |
| Lymph nodes of inguinal region and lower limb | C83.35 | HCPCS Code | J9349 (Injection, tafasitamab-cxix, 2 mg) |
| Intrapelvic lymph nodes | C83.36 | NDC Number | 10-Digit - 50881-013-03 11-Digit - 50881-0013-03 <i>Payer requirements regarding use of a 10-digit or 11-digit NDC vary</i> |
| Spleen | C83.37 | | |
| Lymph nodes of multiple sites | C83.38 | | |
| Extranodal and solid organ sites | C83.39 | | |

PAYMENT FOR MONJUVI

| PAYER TYPE | PAYMENT METHODOLOGY |
|--------------------------------|---|
| Medicare | Average Sales Price (ASP) +6%* |
| Commercial Payers and Medicaid | Most Non-Medicare payers will pay separately for MONJUVI, however, payment rates will vary by payer and provider contract |

*If Medicare sequestration is in effect, a statutory reduction to the payment is applied. Please visit CMS.gov for more information.

Please see additional Important Safety Information on pages 2 and 9 and the Full [Prescribing Information](#) for more information about MONJUVI.

HOSPITAL OUTPATIENT: SAMPLE CMS-1450 CLAIM FORM

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 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)

Box 43

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

Box 44

Enter the appropriate HCPCS codes, for example:

- Administration - 96413 (chemo infusion for 1st hour, single or initial drug) and 96415 (chemo infusion for each additional hour, 1-8 hours)
- Drug - J9349 (Injection, tafasitamab-cxix, 2 mg)

Note: Discarded product should be reported on a separate line using the JW modifier

Include the JZ modifier if no amount of drug was discarded

Box 45

Enter the service date

Box 46

Enter the number of service units administered:

- J9349 Billing Unit = 2 mg
- 1 Single Dose Vial = 200 mg
- 200 mg Vial = 100 Units

The total number of mg administered will vary based on patient weight

Box 67

Enter the primary diagnosis code

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| 10 BIRTHDATE | | 11 SEX | | 12 DATE | | 13 ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR | |
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PROVIDER READINESS - PROCESS AND TIPS

When preparing to treat a patient with MONJUVI as prescribed, consider the steps below to facilitate patient access, proper claims submission, and appropriate reimbursement. For questions or support on any of these steps, please reach out to IncyteCARES for MONJUVI at **1-855-452-5234** or visit **HCP.IncyteCARES.com/MONJUVI** to complete an Enrollment Form.

- 1** — **Research and understand** patient-specific benefits and coverage for MONJUVI
- 2** — If there are access concerns, be sure to **enroll your patient** in IncyteCARES to understand potential financial assistance options that may be available for eligible patients
- 3** — **Confirm the patient has access** to lenalidomide so the combination regimen can start as indicated in the FDA-approved product labeling
- 4** — **Schedule the patient** for his or her first MONJUVI infusion
- 5** — **Purchase MONJUVI** (if not already in inventory) through one of the following Specialty Distributors:

AmerisourceBergen Specialty Distribution
Cencora
5025 Plano Parkway, Carrollton, TX 75010
Phone: 800-746-6273 | Fax: 800-547-9413
Service@asdhealthcare.com
www.asdhealthcare.com
MONJUVI Item # 58057

McKesson Plasma & Biologics
6535 N State Highway 161, Irving, TX 75039
Phone: 877-625-2566 | Fax: 888-752-7276
MPBOrders@mckesson.com
connect.mckesson.com
MONJUVI Item # 1559434

Cardinal Health Specialty Pharmaceutical Distribution
233 Mason Road, LaVergne, TN 37086
Phone: 855-855-0708 | Phone: 877-453-3972
Fax: 877-274-9897
GMB-SPD-Specialty@cardinalhealth.com
GMB-SPDOncologySalesTeam@cardinalhealth.com
MONJUVI Item # 5653530

Oncology Supply
Cencora
2801 Horace Shepard Drive, Dothan, AL 36303
Phone: 800-633-7555
Service@oncologysupply.com
www.oncologysupply.com
MONJUVI Item # 58057

McKesson Specialty Care Distribution
6535 N State Highway 161, Irving, TX 75039
Phone: 800-482-6700
mscs.mckesson.com
MONJUVI Item # 5010390

Prescribers who do not wish to use buy-and-bill should check with their preferred Specialty Pharmacy for availability. Specialty Pharmacies may obtain access to MONJUVI through the Specialty Distributors listed above.

- 6** — After treatment, **complete and submit a claim** to the payer, including all necessary information and accounting for any unused portion of the product (wastage), if required by the payer

**For More Information, Contact IncyteCARES at 1-855-452-5234 or
Visit HCP.IncyteCARES.com/MONJUVI**

Please see additional Important Safety Information on pages 2 and 9 and the Full [Prescribing Information](#) for more information about MONJUVI.

INCYTECARES FOR MONJUVI

WE'RE HERE TO SUPPORT YOUR ELIGIBLE PATIENTS DURING TREATMENT

Our mission is to help your patients start and stay on therapy by assisting with access and as-needed support.



Information and resources available through IncyteCARES for MONJUVI include:

- Benefits verification and prior authorization or appeal support
- Information about savings and financial assistance options*
- Practice resources and forms

When You Enroll a Patient, an IncyteCARES for MONJUVI Representative Will:

- Call your patient to welcome them and explain their insurance coverage for MONJUVI
- Assess your patient's eligibility for savings or financial assistance programs,* and help them enroll
- Explain the additional support and resources available to them during treatment

*Terms and conditions apply. Program terms may change at any time.

SAVINGS, FINANCIAL ASSISTANCE, AND SUPPORT OPTIONS FOR MONJUVI



For Eligible Patients With Commercial Health Insurance
IncyteCARES for MONJUVI Savings Program



For Eligible Patients Who Are Uninsured or Underinsured for MONJUVI
IncyteCARES for MONJUVI Patient Assistance Program



For All Patients
Information About Nonprofit or Other Support Organizations



Questions?

Call IncyteCARES for MONJUVI at **1-855-452-5234**
Monday through Friday 8 AM - 8 PM ET

For more information and resources, visit HCP.IncyteCARES.com/MONJUVI

IMPORTANT SAFETY INFORMATION

Warnings and Precautions *(continued)*

- **Myelosuppression.** MONJUVI can cause serious or severe myelosuppression, including neutropenia, lymphopenia, thrombocytopenia, and anemia. Monitor complete blood counts (CBCs) before 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. In L-MIND, 73% of the 81 patients with DLBCL who received MONJUVI developed an infection. Grade 3 or higher infection occurred in 30%. The most frequent infections of any grade were respiratory tract infections (51%, including pneumonias) and urinary tract infection (17%). Monitor patients for signs and symptoms of infection and manage infections as appropriate. Consider infection prophylaxis per institutional guidelines. Consider treatment with subcutaneous or intravenous immunoglobulin (IVIG) 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 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 ($\geq 20\%$) in patients with DLBCL were neutropenia (51%), respiratory tract infection (51%), fatigue (38%), anemia (36%), diarrhea (36%), thrombocytopenia (31%), cough (26%), pyrexia (24%), peripheral edema (24%), and decreased appetite (22%).

Please see the Full [Prescribing Information](#) for more information about MONJUVI.

REFERENCE: 1. Referenced with permission from the NCCN Clinical Practice Guidelines in Oncology (NCCN Guidelines[®]) for B-Cell lymphomas V.3.2025. © National Comprehensive Cancer Network, Inc. 2025. All rights reserved. Accessed August 18, 2025. To view the most recent and complete version of the guideline, go to NCCN.org.



MONJUVI[®]
tafasitamab-cxix | 200mg
for injection, for intravenous use

Please see Important Safety Information on pages 2 and 9 and the Full [Prescribing Information](#) for more information about MONJUVI.



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