

for **LUNSUMIO™**
(mosunetuzumab-axgb)

SAMPLE CODING

Relapsed/Refractory Follicular Lymphoma

TYPE	CODE		DESCRIPTION
Diagnosis: ICD-10-CM	C82.00–C82.09		Follicular lymphoma grade I
	C82.10–C82.19		Follicular lymphoma grade II
	C82.20–C82.29		Follicular lymphoma grade III, unspecified
	C82.30–C82.39		Follicular lymphoma grade IIIa
	C82.80–C82.89		Other types of follicular lymphoma
	C82.90–C82.99		Follicular lymphoma, unspecified
ICD-10-PCS*	XW03358		Introduction of mosunetuzumab antineoplastic into peripheral vein, percutaneous approach, new technology group 8
	XW04358		Introduction of mosunetuzumab antineoplastic into central vein, percutaneous approach, new technology group 8
Drug: HCPCS	J9350		Injection, mosunetuzumab-axgb, 1 mg
HCPCS: Modifier† Note: As of July 1, 2023, CMS requires the use of the JZ modifier to indicate there were no units of a drug discarded.	JZ		Zero drug amount discarded/not administered to any patient
Drug: NDC Note: Payer requirements regarding use of a 10-digit or 11-digit NDC may vary. Both formats are listed here for your reference.	10-digit	11-digit	
	50242-159-01	50242-0159-01	1 mg/1 mL single-dose vial
	50242-142-01	50242-0142-01	30 mg/30 mL single-dose vial

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, 10th Revision, Clinical Modification; ICD-10-PCS=International Classification of Diseases, 10th Revision, Procedure Coding System; IPPS=Inpatient Prospective Payment System; NDC=National Drug Code; NTAP=New Technology Add-on Payment.

*Effective October 1, 2023, Medicare will provide an NTAP for LUNSUMIO to IPPS-participating acute care hospitals. NTAP cannot be granted if ICD-10-PCS codes are omitted.

†The JZ modifier is required on claims for all single-dose containers or single-use drugs when no drug is discarded/administered to any patient as of July 1, 2023. For more information on the JZ modifier, visit CMS.gov.

These codes are not all-inclusive; appropriate codes can vary by patient, setting of care and payer. Correct coding is the responsibility of the provider submitting the claim for the item or service. Please check with the payer to verify codes and special billing requirements. Genentech does not make any representation or guarantee concerning reimbursement or coverage for any item or service.

Many payers will not accept unspecified codes. If you use an unspecified code, please check with your payer.

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Relapsed/Refractory Follicular Lymphoma (cont)

TYPE	CODE	DESCRIPTION
Administration procedures: CPT	96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug
	96415	Chemotherapy administration, intravenous infusion technique; each additional hour (List separately in addition to code for primary procedure)

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Please see full [Prescribing Information](#), including **Boxed WARNING** and [Medication Guide](#), for Important Safety Information.