

SAMPLE CODING

Diffuse Large B-cell Lymphoma

TYPE	CODE	DESCRIPTION
Diagnosis: ICD-10-CM	C83.30	Diffuse large B-cell lymphoma, unspecified site
	C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
	C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
	C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
	C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
	C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
	C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
	C83.37	Diffuse large B-cell lymphoma, spleen
	C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
	C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
ICD-10-PCS*	XW033P9	Introduction of glofitamab antineoplastic into peripheral vein, percutaneous approach, new technology group 9
	XW043P9	Introduction of glofitamab antineoplastic into central vein, percutaneous approach, new technology group 9

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; NTAP=New Technology Add-on Payment.

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

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.

for **COLUMVI™**
(glofitamab-gxbm)

Diffuse Large B-cell Lymphoma (cont)

TYPE	CODE		DESCRIPTION
Drug: HCPCS	J9286		Injection, glofitamab-gxbm, 2.5 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	
	50242-125-01	50242-0125-01	2.5 mg/2.5 mL single-dose vial
	50242-127-01	50242-0127-01	10 mg/10 mL single-dose vial
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)

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; NDC=National Drug Code.

*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.

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