

**Effective for dates of service on or after January 1, 2019:** The following code may be used to identify IMFINZI<sup>®</sup> (durvalumab)

**NEW**

**J9173, INJECTION, DURVALUMAB, 10 MG<sup>1</sup>**

| Code         | Description                        | Vial Size     | Billing Units | NDC          |
|--------------|------------------------------------|---------------|---------------|--------------|
| <b>J9173</b> | INJECTION,<br>DURVALUMAB,<br>10 MG | 500 mg/10 mL  | 50 units      | 0310-4611-50 |
|              |                                    | 120 mg/2.4 mL | 12 units      | 0310-4500-12 |

Each provider is responsible for ensuring all coding is accurate and documented in the medical record based on the condition of the patient. The use of this information does not guarantee reimbursement. Health care providers are encouraged to contact payers to confirm code adoption and approved usage prior to submitting claims.

1. Centers for Medicare & Medicaid Services. Medicare Program: Changes to Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs. November 2, 2018.

AstraZeneca Access 360<sup>™</sup> can help with questions you may have about coding and reimbursement. For additional assistance, please contact your Reimbursement Counselor at **1-844-275-2360**, Monday to Friday, 8 AM to 8 PM ET, or visit [www.MyAccess360.com](http://www.MyAccess360.com).

 **1-844-ASK-A360** (1-844-275-2360)

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