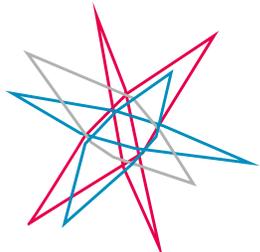




**JEMPERLI**

# Billing and Coding Guide

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**Jemperli**   
(dostarlimab-gxly) Injection 500 mg

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Please see full Prescribing Information, including Medication Guide, for JEMPERLI.

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## INDICATIONS

- JEMPERLI, in combination with carboplatin and paclitaxel, followed by JEMPERLI as a single agent, is indicated for the treatment of adult patients with primary advanced or recurrent endometrial cancer (EC).
- JEMPERLI, as a single agent, is indicated for the treatment of adult patients with mismatch repair deficient (dMMR) recurrent or advanced:
  - EC, as determined by an FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen in any setting and are not candidates for curative surgery or radiation, or
  - solid tumors, as determined by an FDA-approved test, that have progressed on or following prior treatment and who have no satisfactory alternative treatment options. This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

## IMPORTANT SAFETY INFORMATION

### Severe and Fatal Immune-Mediated Adverse Reactions

- Immune-mediated adverse reactions, which can be severe or fatal, can occur in any organ system or tissue and can occur at any time during or after treatment with a PD-1/PD-L1-blocking antibody, including JEMPERLI.
- Monitor closely for signs and symptoms of immune-mediated adverse reactions. Evaluate liver enzymes, creatinine, and thyroid function tests at baseline and periodically during treatment. For suspected immune-mediated adverse reactions, initiate appropriate workup to exclude alternative etiologies, including infection. Institute medical management promptly, including specialty consultation as appropriate.
- Based on the severity of the adverse reaction, withhold or permanently discontinue JEMPERLI. In general, if JEMPERLI requires interruption or discontinuation, administer systemic corticosteroids (1 to 2 mg/kg/day prednisone or equivalent) until improvement to ≤Grade 1. Upon improvement to ≤Grade 1, initiate corticosteroid taper and continue to taper over at least 1 month. Consider administration of other systemic immunosuppressants in patients whose immune-mediated adverse reaction is not controlled with corticosteroids.

### Immune-Mediated Pneumonitis

- JEMPERLI can cause immune-mediated pneumonitis, which can be fatal. In patients treated with other PD-1/PD-L1-blocking antibodies, the incidence of pneumonitis is higher in patients who have received prior thoracic radiation. Pneumonitis occurred in 2.3% (14/605) of patients, including Grade 2 (1.3%), Grade 3 (0.8%), and Grade 4 (0.2%) pneumonitis.

### Immune-Mediated Colitis

- Colitis occurred in 1.3% (8/605) of patients, including Grade 2 (0.7%) and Grade 3 (0.7%) adverse reactions. Cytomegalovirus infection/reactivation have occurred in patients with corticosteroid-refractory immune-mediated colitis. In such cases, consider repeating infectious workup to exclude alternative etiologies.

### Immune-Mediated Hepatitis

- JEMPERLI can cause immune-mediated hepatitis, which can be fatal. Grade 3 hepatitis occurred in 0.5% (3/605) of patients.

### Immune-Mediated Endocrinopathies

- Adrenal Insufficiency
  - Adrenal insufficiency occurred in 1.2% (7/605) of patients, including Grade 2 (0.5%) and Grade 3 (0.7%). For Grade 2 or higher adrenal insufficiency, initiate symptomatic treatment per institutional guidelines, including hormone replacement as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.
- Hypophysitis
  - JEMPERLI can cause immune-mediated hypophysitis. Grade 3 hypophysitis occurred in 0.4% (1/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel. Grade 2 hypophysitis occurred in 0.2% (1/605) of patients receiving JEMPERLI as a single agent. Initiate hormone replacement as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.
- Thyroid Disorders
  - Grade 2 thyroiditis occurred in 0.5% (3/605) of patients. Grade 2 hypothyroidism occurred in 12% (30/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel. Grade 2 hypothyroidism occurred in 8% (46/605) of patients receiving JEMPERLI as a single agent. Hyperthyroidism occurred in 3.3% (8/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel, including Grade 2 (2.9%) and Grade 3 (0.4%). Hyperthyroidism occurred in 2.3% (14/605) of patients receiving JEMPERLI as a single agent, including Grade 2 (2.1%) and Grade 3 (0.2%). Initiate thyroid hormone replacement or medical management of hyperthyroidism as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.

## IMPORTANT SAFETY INFORMATION (cont'd)

### Immune-Mediated Endocrinopathies (cont'd)

- Type 1 Diabetes Mellitus, Which Can Present with Diabetic Ketoacidosis
  - JEMPERLI can cause type 1 diabetes mellitus, which can present with diabetic ketoacidosis. Grade 3 type 1 diabetes mellitus occurred in 0.4% (1/241) of patients receiving JEMPERLI in combination with carboplatin and paclitaxel. Grade 3 type 1 diabetes mellitus occurred in 0.2% (1/605) of patients receiving JEMPERLI as a single agent. Monitor patients for hyperglycemia or other signs and symptoms of diabetes. Initiate treatment with insulin as clinically indicated. Withhold or permanently discontinue JEMPERLI depending on severity.

### Immune-Mediated Nephritis with Renal Dysfunction

- JEMPERLI can cause immune-mediated nephritis, which can be fatal. Grade 2 nephritis, including tubulointerstitial nephritis, occurred in 0.5% (3/605) of patients.

### Immune-Mediated Dermatologic Adverse Reactions

- JEMPERLI can cause immune-mediated rash or dermatitis. Bullous and exfoliative dermatitis, including Stevens-Johnson syndrome (SJS), toxic epidermal necrolysis (TEN), and drug rash with eosinophilia and systemic symptoms (DRESS), have occurred with PD-1/PD-L1-blocking antibodies. Topical emollients and/or topical corticosteroids may be adequate to treat mild to moderate non-bullous/exfoliative rashes. Withhold or permanently discontinue JEMPERLI depending on severity.

### Other Immune-Mediated Adverse Reactions

- The following clinically significant immune-mediated adverse reactions occurred in <1% of the 605 patients treated with JEMPERLI or were reported with the use of other PD-1/PD-L1-blocking antibodies. Severe or fatal cases have been reported for some of these adverse reactions.
  - *Nervous System*: Meningitis, encephalitis, myelitis and demyelination, myasthenic syndrome/myasthenia gravis, Guillain-Barré syndrome, nerve palsy, autoimmune neuropathy
  - *Cardiac/Vascular*: Myocarditis, pericarditis, vasculitis
  - *Ocular*: Uveitis, iritis, other ocular inflammatory toxicities. Some cases can be associated with retinal detachment. Various grades of visual impairment to include blindness can occur
  - *Gastrointestinal*: Pancreatitis, including increases in serum amylase and lipase levels, gastritis, duodenitis
  - *Musculoskeletal and Connective Tissue*: Myositis/polymyositis, rhabdomyolysis and associated sequelae including renal failure, arthritis, polymyalgia rheumatica
  - *Endocrine*: Hypoparathyroidism
  - *Other (Hematologic/Immune)*: Autoimmune hemolytic anemia, aplastic anemia, hemophagocytic lymphohistiocytosis, systemic inflammatory response syndrome, histiocytic necrotizing lymphadenitis (Kikuchi lymphadenitis), sarcoidosis, immune thrombocytopenia, solid organ transplant rejection, other transplant (including corneal graft) rejection

### Infusion-Related Reactions

- Severe or life-threatening infusion-related reactions have been reported with PD-1/PD-L1-blocking antibodies. Severe infusion-related reactions (Grade 3) occurred in 0.2% (1/605) of patients receiving JEMPERLI. Monitor patients for signs and symptoms of infusion-related reactions. Interrupt or slow the rate of infusion or permanently discontinue JEMPERLI based on severity of reaction.

### Complications of Allogeneic HSCT

- Fatal and other serious complications can occur in patients who receive allogeneic hematopoietic stem cell transplantation (HSCT) before or after treatment with a PD-1/PD-L1-blocking antibody, which may occur despite intervening therapy. Monitor patients closely for transplant-related complications and intervene promptly.

### Embryo-Fetal Toxicity and Lactation

- Based on its mechanism of action, JEMPERLI can cause fetal harm. Advise pregnant women of the potential risk to a fetus. Advise females of reproductive potential to use effective contraception during treatment with JEMPERLI and for 4 months after their last dose. Because of the potential for serious adverse reactions from JEMPERLI in a breastfed child, advise women not to breastfeed during treatment with JEMPERLI and for 4 months after their last dose.

### Common Adverse Reactions

The most common adverse reactions ( $\geq 20\%$ ), including laboratory abnormalities, in patients with EC who received JEMPERLI in combination with carboplatin and paclitaxel were decreased hemoglobin, increased creatinine, peripheral neuropathy, decreased white blood cell count, fatigue, nausea, alopecia, decreased platelets, increased glucose, decreased lymphocytes, decreased magnesium, decreased neutrophils, increased AST, arthralgia, rash, constipation, diarrhea, increased ALT, decreased potassium, decreased albumin, decreased sodium, increased alkaline phosphatase, abdominal pain, dyspnea, decreased appetite, increased amylase, decreased phosphate, urinary tract infection, and vomiting.

The most common adverse reactions ( $\geq 20\%$ ) in patients with dMMR EC who received JEMPERLI as a single agent were fatigue/asthenia, anemia, nausea, diarrhea, constipation, vomiting, and rash. The most common Grade 3 or 4 laboratory abnormalities ( $>2\%$ ) were decreased lymphocytes, decreased sodium, increased alanine aminotransferase, increased creatinine, decreased neutrophils, decreased albumin, and increased alkaline phosphatase.

The most common adverse reactions ( $\geq 20\%$ ) in patients with dMMR solid tumors who received JEMPERLI as a single agent were fatigue/asthenia, anemia, diarrhea, and nausea. The most common Grade 3 or 4 laboratory abnormalities ( $\geq 2\%$ ) were decreased lymphocytes, decreased sodium, increased alkaline phosphatase, and decreased albumin.

## Coding for JEMPERLI

### National Drug Code (NDC)

Most payers will require the designation of the JEMPERLI NDC as additional support for a claim submission.

NDC <sup>1</sup>	Description
0173-0898-03	JEMPERLI (dostarlimab-gxly)

To comply with Health Insurance Portability and Accountability Act (HIPAA) insurance claims processing requirements, an 11-digit NDC should be used. Therefore, the NDC will be “zero-filled” as follows: 00173-0898-03.<sup>2</sup>

The information contained herein is gathered from various sources and is subject to change without notice. GSK makes no representation that it is accurate. Providers should contact third-party payers for specific information about their coding, coverage, and payment policies.

## Coding for JEMPERLI (cont'd)

### Healthcare Common Procedure Coding System (HCPCS) Codes

A JEMPERLI-specific permanent HCPCS code has been established, effective for use on claims with dates of service on or after January 1, 2022. This code is applicable across all care settings. Providers should still confirm the code's application with each payer, as well as any required documentation to support the code's use.

HCPCS Code for JEMPERLI <sup>3</sup>	
Code	Description
J9272	Injection, dostarlimab-gxly, 10 mg

Additional information needed may vary by payer and may include the drug name and generic name, total dosage administered, method of administration, and the NDC. Providers should confirm this information by payer.

Billing Unit Conversion	
HCPCS J9272 (Injection, dostarlimab-gxly, 10 mg)	
10 mg	1 unit
500-mg vial	50 units

## Coding for JEMPERLI (cont'd)

### Current Procedural Terminology (CPT®)\* Codes

The following CPT® code reflects an applicable code based on formulation and time for drug delivery.

CPT® Code for JEMPERLI <sup>4</sup>	
Code	Description
96413	Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

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# ICD-10-CM Diagnosis Codes

## ICD-10-CM Diagnosis Codes

ICD-10-CM codes are generally required to document patient diagnoses. The ICD-10-CM exceeds previous coding systems in the number of concepts and codes covered<sup>5</sup>:



**Click on an indication below** to view possible ICD-10-CM diagnosis codes applicable to JEMPERLI. **It is important to clarify individual payer diagnosis coding requirements for each patient.**

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### Certain types of endometrial carcinoma<sup>1</sup>

- JEMPERLI, in combination with carboplatin and paclitaxel, followed by JEMPERLI as a single agent, is indicated for the treatment of adult patients with primary advanced or recurrent endometrial cancer (EC).
- JEMPERLI, as a single agent, is indicated for the treatment of adult patients with dMMR recurrent or advanced EC, as determined by a FDA-approved test, that has progressed on or following prior treatment with a platinum-containing regimen in any setting and are not candidates for curative surgery or radiation.

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### Certain types of solid tumors<sup>1</sup>

- JEMPERLI, as a single agent, is indicated for the treatment of adult patients with dMMR recurrent or advanced solid tumors, as determined by an FDA-approved test, that have progressed on or following prior treatment and who have no satisfactory alternative treatment options.

This indication is approved under accelerated approval based on tumor response rate and durability of response. Continued approval for this indication may be contingent upon verification and description of clinical benefit in a confirmatory trial(s).

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FDA = US Food and Drug Administration.

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**C54 Malignant neoplasm of corpus uteri**

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**C55 Malignant neoplasm of uterus, part unspecified**

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**D07 Carcinoma in situ of other and unspecified genital organs**

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## C54 Malignant neoplasm of corpus uteri<sup>6</sup>

C54.0 Malignant neoplasm of isthmus uteri

C54.1 Malignant neoplasm of endometrium

C54.2 Malignant neoplasm of myometrium

C54.3 Malignant neoplasm of fundus uteri

C54.8 Malignant neoplasm of overlapping sites of corpus uteri

C54.9 Malignant neoplasm of corpus uteri, unspecified



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## C55 Malignant neoplasm of uterus, part unspecified<sup>6</sup>

C55 Malignant neoplasm of uterus, part unspecified

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## D07 Carcinoma in situ of other and unspecified genital organs<sup>6</sup>

D07.0 Carcinoma in situ of endometrium

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**C15 Malignant neoplasm of esophagus**

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**C23 Malignant neoplasm of gallbladder**

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**C16 Malignant neoplasm of stomach**

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**C24 Malignant neoplasm of other and unspecified parts of biliary tract**

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**C17 Malignant neoplasm of small intestine**

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**C25 Malignant neoplasm of pancreas**

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**C18 Malignant neoplasm of colon**

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**C50 Malignant neoplasm of breast**

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**C19 Malignant neoplasm of rectosigmoid junction**

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**C53 Malignant neoplasm of cervix uteri**

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**C20 Malignant neoplasm of rectum**

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**C56 Malignant neoplasm of ovary**

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**C21 Malignant neoplasm of anus and anal canal**

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**C80 Malignant neoplasm without specification of site**

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**C22 Malignant neoplasm of liver and intrahepatic bile ducts**

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## C15 Malignant neoplasm of esophagus<sup>6</sup>

C15.3 Malignant neoplasm of upper third of esophagus

C15.4 Malignant neoplasm of middle third of esophagus

C15.5 Malignant neoplasm of lower third of esophagus

C15.8 Malignant neoplasm of overlapping sites of esophagus

C15.9 Malignant neoplasm of esophagus, unspecified



## C16 Malignant neoplasm of stomach<sup>6</sup>

C16.0 Malignant neoplasm of cardia

C16.1 Malignant neoplasm of fundus of stomach

C16.2 Malignant neoplasm of body of stomach

C16.3 Malignant neoplasm of pyloric antrum

C16.4 Malignant neoplasm of pylorus

C16.5 Malignant neoplasm of lesser curvature of stomach, unspecified

C16.6 Malignant neoplasm of greater curvature of stomach, unspecified

C16.8 Malignant neoplasm of overlapping sites of stomach

C16.9 Malignant neoplasm of stomach, unspecified



## C17 Malignant neoplasm of small intestine<sup>6</sup>

C17.0 Malignant neoplasm of duodenum

C17.1 Malignant neoplasm of jejunum

C17.2 Malignant neoplasm of ileum

C17.8 Malignant neoplasm of overlapping sites of small intestine

C17.9 Malignant neoplasm of small intestine, unspecified



## C18 Malignant neoplasm of colon<sup>6</sup>

C18.0 Malignant neoplasm of cecum

C18.1 Malignant neoplasm of appendix

C18.2 Malignant neoplasm of ascending colon

C18.3 Malignant neoplasm of hepatic flexure

C18.4 Malignant neoplasm of transverse colon

C18.5 Malignant neoplasm of splenic flexure

C18.6 Malignant neoplasm of descending colon

C18.7 Malignant neoplasm of sigmoid colon

C18.8 Malignant neoplasm of overlapping sites of colon

C18.9 Malignant neoplasm of colon, unspecified



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## C19 Malignant neoplasm of rectosigmoid junction<sup>6</sup>

C19 Malignant neoplasm of rectosigmoid junction

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## C20 Malignant neoplasm of rectum<sup>6</sup>

C20 Malignant neoplasm of rectum



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## C21 Malignant neoplasm of anus and anal canal<sup>6</sup>

C21.8 Malignant neoplasm of overlapping sites of rectum, anus and anal canal

Please see Indications and Important Safety Information on pages 2-3.  
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## C22 Malignant neoplasm of liver and intrahepatic bile ducts<sup>6</sup>

C22.0 Liver cell carcinoma

C22.1 Intrahepatic bile duct carcinoma

C22.2 Hepatoblastoma

C22.8 Malignant neoplasm of liver, primary, unspecified as to type

C22.9 Malignant neoplasm of liver, not specified as primary or secondary



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## C23 Malignant neoplasm of gallbladder<sup>6</sup>

C23 Malignant neoplasm of gallbladder

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## C24 Malignant neoplasm of other and unspecified parts of biliary tract<sup>6</sup>

C24.0 Malignant neoplasm of extrahepatic bile duct

C24.1 Malignant neoplasm of ampulla of Vater

C24.8 Malignant neoplasm of overlapping sites of biliary tract

C24.9 Malignant neoplasm of biliary tract, unspecified



## C25 Malignant neoplasm of pancreas<sup>6</sup>

C25.0 Malignant neoplasm of head of pancreas

C25.1 Malignant neoplasm of body of pancreas

C25.2 Malignant neoplasm of tail of pancreas

C25.3 Malignant neoplasm of pancreatic duct

C25.4 Malignant neoplasm of endocrine pancreas

C25.7 Malignant neoplasm of other parts of pancreas

C25.8 Malignant neoplasm of overlapping sites of pancreas

C25.9 Malignant neoplasm of pancreas, unspecified



## C50 Malignant neoplasm of breast<sup>6</sup>

C50.0 Malignant neoplasm of nipple and areola

C50.1 Malignant neoplasm of central portion of breast

C50.2 Malignant neoplasm of upper-inner quadrant of breast

C50.3 Malignant neoplasm of lower-inner quadrant of breast

C50.4 Malignant neoplasm of upper-outer quadrant of breast

C50.5 Malignant neoplasm of lower-outer quadrant of breast

C50.6 Malignant neoplasm of axillary tail of breast

C50.8 Malignant neoplasm of overlapping sites of breast

C50.9 Malignant neoplasm of breast of unspecified site



## C53 Malignant neoplasm of cervix uteri<sup>6</sup>

C53.0 Malignant neoplasm of endocervix

C53.1 Malignant neoplasm of exocervix

C53.8 Malignant neoplasm of overlapping sites of cervix uteri

C53.9 Malignant neoplasm of cervix uteri, unspecified



## C56 Malignant neoplasm of ovary<sup>6</sup>

C56 Malignant neoplasm of ovary



## C80 Malignant neoplasm without specification of site<sup>6</sup>

C80.0 Disseminated malignant neoplasm, unspecified

C80.1 Malignant (primary) neoplasm, unspecified

C80.2 Malignant neoplasm associated with transplanted organ

## Revenue Codes

Designating the appropriate revenue center is also required to support claims submitted to payers.

Revenue Codes for JEMPERLI <sup>7</sup>	
Code	Description
0636	Drugs requiring detailed coding (Pharmacy - Extension of 025X)
0260	General (IV Therapy)

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## Modifier Codes

Specific modifiers may be required by certain payers.

Possible Modifier Codes for JEMPERLI <sup>3</sup>	
Code	Description
JW	Drug Amount Discarded/Not Administered to Any Patient
JZ	Zero Drug Amount Discarded/Not Administered to Any Patient
TB	Drug or Biological Acquired With 340B Drug Pricing Program Discount, Reported for Informational Purposes for Select Entities

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## References:

1. JEMPERLI (dostarlimab-gxly). Prescribing Information. GSK; 2024.
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6. National Center for Health Statistics: ICD-10-CM. Centers for Disease Control and Prevention. Accessed June 30, 2025. <https://icd10cmtool.cdc.gov/?fy=FY2025>
7. Revenue codes. Noridian Healthcare Solutions. Accessed June 30, 2025. <https://med.noridianmedicare.com/web/jea/topics/claim-submission/revenue-codes>

**Together with GSK** provides informational resources regarding access and reimbursement services for patients and healthcare professionals.



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