

## PHYSICIAN OFFICE SAMPLE CLAIM FORM: CMS-1500

This example illustrates coding for a treatment dose of 108 mg (70-79 kg patient)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA		PICA	
<input checked="" type="checkbox"/> MEDICARE <input type="checkbox"/> (Medicare#)		<input type="checkbox"/> MEDICAID <input type="checkbox"/> (Medicaid#)	
<input type="checkbox"/> TRICARE <input type="checkbox"/> (ID#/DoD#)		<input type="checkbox"/> CHAMPVA <input type="checkbox"/> (Member ID#)	
<input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> (ID#)		<input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> (ID#)	
<input type="checkbox"/> OTHER <input type="checkbox"/> (ID#)			
1. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John B.		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 000-00-1234	
5. PATIENT'S ADDRESS (No., Street) 3914 Spruce Street		7. INSURED'S ADDRESS (No., Street) 3914 Spruce Street	
CITY Anytown	STATE AS	CITY Anytown	STATE AS
ZIP CODE 01010	TELEPHONE (Include Area Code) (203) 555-1234	ZIP CODE 01010	TELEPHONE (Include Area Code) (203) 555-1234
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER	b. RESERVED FOR NUCC USE	c. RESERVED FOR NUCC USE	d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete items 9, 9a, and 9d.
d. INSURANCE PLAN NAME OR PROGRAM NAME Medicare		10d. CLAIM CODES (Designated by NUCC)	
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.			
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED _____	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM DD YY QUAL.		15. OTHER DATE QUAL. MM DD YY	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Dr. Jones		17a. NPI 123 456 7890	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) A. C90.02 B. _____ D. _____ E. _____ F. _____ H. _____ I. _____ J. _____		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) EPT/HCP/PCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. EPSON Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #			
MM DD YY MM DD YY 11 J9380 A 216 NPI			
MM DD YY MM DD YY 11 J9380 JW A 90 NPI			
MM DD YY MM DD YY 11 96401 A 1 NPI			
MM DD YY MM DD YY 11 NPI			
MM DD YY MM DD YY 11 NPI			
MM DD YY MM DD YY 11 NPI			
25. FEDERAL TAX ID. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		32. SERVICE FACILITY LOCATION INFORMATION	
DATE		a. b.	
33. BILLING PROVIDER INFO & PH #		a. b.	

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

- 1 Item 21**  
Indicate diagnosis using the appropriate ICD-10-CM code.
- 2 Item 24A**  
If NDC information is required, enter it in the shaded portion of 24A.
- 3 Item 24D**  
Indicate appropriate CPT® and HCPCS codes and any applicable modifiers.
  - TECVAYLI® J9380  
(Injection, teclistamab-cqyv, 0.5 mg)
  - Modifier JW drug amount discarded
  - Injection 96401  
Chemotherapy administration, subcutaneous or intramuscular; non-hormonal anti-neoplastic
- 4 Item 24E**  
Refer to the diagnosis for this item or service (see Item 21) and enter the corresponding letter.
- 5 Item 24G**
  - J9380 – Bill 216 units  
Enter the amount of drug in HCPCS units according to the drug-specific descriptor and dose administered. 1 unit = 0.5 mg TECVAYLI®; 108 mg dose = 216 HCPCS units
  - On a separate line, enter the unused amount from the single-use vial. TECVAYLI® 153 mg vial = 306 HCPCS units; 216 units administered, 90 units discarded
  - 96401 – Bill 1 unit

Payer requirements for codes and information may vary. Contact your local payer or J&J withMe at 833-JNJ-wMe1 (833-565-9631), Monday-Friday, 8 AM to 8 PM ET. For additional resources, please visit [Account.JNJwithMe.com/hcp/tecwayli](https://Account.JNJwithMe.com/hcp/tecwayli)

Please read full [Prescribing Information](#), including **Boxed WARNING**, and [Medication Guide](#) for TECVAYLI®. Provide the Medication Guide to your patients and encourage discussion.

This document is presented for informational purposes only and is not intended to provide reimbursement or legal advice. Laws, regulations, and policies concerning reimbursement are complex and are updated frequently. While we have made every effort to be current as of the issue date of this document, the information may not be as current or comprehensive when you view it. Similarly, all Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes are supplied for informational purposes only, and this information does not represent any statement, promise, or guarantee by Janssen Biotech, Inc., about coverage, levels of reimbursement, payment, or charge. Please consult your payer organization(s) for local or actual coverage and reimbursement policies and determination processes. Please consult with your counsel or internal reimbursement specialist for any reimbursement or billing questions specific to your institution.

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CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System.



# HOSPITAL OUTPATIENT DEPARTMENT SAMPLE CLAIM FORM: CMS-1450 (UB-04)

This example illustrates coding for a treatment dose of 108 mg (70-79 kg patient)

[illegible]

## 1 Form Locator 42

List revenue codes in ascending order.

## 2 Form Locator 43

- Enter narrative description for corresponding revenue code (eg, drug, chemotherapy injection)

- If NDC information is required, it will be entered in the unshaded portions of Locator Box 43

### 3 Form Locator 44

Indicate appropriate CPT® and HCPCS codes and any applicable modifiers.

- **TECVAYLI® J9380**  
(Injection, teclistamab-cqyv,  
0.5 mg)

- Modifier JW drug amount discarded

- Injection 96401  
Chemotherapy administration,  
subcutaneous or  
intramuscular; non-hormonal  
anti-neoplastic

## 4 Form Locator 46

- J9380 – Bill 216 units  
Enter the amount of drug in HCPCS units according to the drug-specific descriptor and dose administered. 1 unit = 0.5 mg TECVAYLI®; 108 mg dose = 216 HCPCS units

- On a separate line, enter the unused amount from the single-use vial. **TECVAYLI®**  
153 mg vial = 306 HPCPS units; 216 units administered, 90 units discarded

- 96401 – Bill 1 unit

## 5 Form Locator 67

Indicate diagnosis using the appropriate ICD-10-CM code.

Payer requirements for codes and information may vary. Contact your local payer or J&J withMe at 833-JNJ-wMe1 (833-565-9631), Monday-Friday, 8 AM to 8 PM ET. For additional resources, please visit [Account.JNJwithMe.com/hcp/tecvacli](https://Account.JNJwithMe.com/hcp/tecvacli)

Please read the full Prescribing Information, including **Boxed WARNING**, and Medication Guide for TECVAYLI®. Provide the Medication Guide to your patients and encourage discussion.

**References.** **1.** TECVAYLI® [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc. **2.** CMS. Medicare Claims Processing Manual, Chapter 26. Accessed January 2, 2025. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf> **3.** CMS. Medicare Claims Processing Manual, Chapter 25. Accessed January 2, 2025. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c25.pdf> **4.** CMS. Medicare Claims Processing Manual, Chapter 17. Accessed January 2, 2025. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c17.pdf> **5.** Centers for Medicare and Medicaid Services. January 2025 Alpha-numeric HCPCS file. Accessed January 2, 2025. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update> **6.** American Medical Association. Current Procedural Terminology: CPT® 2025: Professional Edition. AMA Press; 2024. **7.** CMS. 2025 ICD-10-CM Tabular List of Diseases and Injuries. Accessed January 2, 2025. <https://www.cms.gov/medicare/coding-billing/icd-10-codes#CodeFiles>

