

TALVEY® (talquetamab-tgvs)
PHYSICIAN OFFICE SAMPLE CLAIM FORM: CMS-1500

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12
1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John B.
3. PATIENT'S BIRTH DATE 07/01/50 SEX M
4. INSURED'S NAME (Last Name, First Name, Middle Initial) Doe, John B.
5. PATIENT'S ADDRESS (No., Street) 3914 Spruce Street
6. PATIENT RELATIONSHIP TO INSURED Self
7. INSURED'S ADDRESS (No., Street) 3914 Spruce Street
8. RESERVED FOR NUCC USE
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)
10. IS PATIENT'S CONDITION RELATED TO:
11. INSURED'S POLICY GROUP OR FECA NUMBER
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)
15. OTHER DATE
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB?
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)
22. RESUBMISSION CODE
23. PRIOR AUTHORIZATION NUMBER
24. A. DATE(S) OF SERVICE To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES E. DIAGNOSIS F. G. DAYS H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z.
25. FEDERAL TAX ID, NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT?
28. TOTAL CHARGE
29. AMOUNT PAID
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
32. SERVICE FACILITY LOCATION INFORMATION
33. BILLING PROVIDER INFO & PH #
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.
- TALVEY® J3055 (Injection, talquetamab-tgvs, 0.25 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
- J3055 – Bill 112 units Enter the amount of drug in HCPCS units according to the drug-specific descriptor and dose administered. 1 unit = 0.25 mg TALVEY®; 28 mg dose = 112 HCPCS units
 - On a separate line, enter the unused amount from the single-use vial. TALVEY® 40 mg vial = 160 HCPCS units; 112 units administered, 48 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 JNJwithMe.com/hcp/talvey. Please read the full Prescribing Information, including Boxed WARNING, and Medication Guide for TALVEY®. 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 an 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. CPT® Copyright 2023 American Medical Association. All rights reserved. CPT® is a registered trademark of the American Medical Association. CPT=Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System.



TALVEY® (talquetamab-tgvs)
HOSPITAL OUTPATIENT DEPARTMENT SAMPLE CLAIM
FORM: CMS-1450 (UB-04)

1 Anytown Hospital
160 Main Street
Anytown, Anystate 01010

2 Pay-to-name
Pay-to-address
Pay-to-city/state

3a PAT CNTL #
b MED REC #
c STATEMENT COVERS PERIOD FROM
d 010001010

4 TYPE OF BILL
DOE 1234-97

5 PATIENT NAME
a John B. Doe (ID)

6 PATIENT ADDRESS
a 3914 Spruce St.

7 BIRTHDATE
10 07-01-50
11 SEX M

8 ADMISSION
12 DATE
13 HIR
14 TYPE
15 SRC
16 DHR

9 STAT
17 18 19 20 21

10 CONDITION CODES
22 23 24 25 26 27 28 29 ACOT STATE

30 CPT CODE
31 OCCURRENCE DATE
32 OCCURRENCE DATE
33 OCCURRENCE DATE
34 OCCURRENCE DATE
35 CODE
36 OCCURRENCE SPAN FROM
37 OCCURRENCE SPAN THROUGH

38 VALUE CODES
39 CODE
40 CODE
41 CODE

42 REV CD
43 DESCRIPTION
44 HCPCS / RATE / HPCS CODE
45 SERV DATE
46 SERV UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49

50 PAYER NAME
Medicare

51 HEALTH PLAN ID

52 REL INFO

53 AND BEN

54 PRIOR PAYMENTS

55 EST. AMOUNT DUE

56 NPI
246 890 1234

57 OTHER PRV ID

58 INSURED'S NAME

59 PREL

60 INSURED'S UNIQUE ID

61 GROUP NAME

62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES

64 DOCUMENT CONTROL NUMBER

65 EMPLOYER NAME

66 C90.02

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69 ADMIT DATE
70 PATIENT REASON DX
71 PPS CODE
72 ECI

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77 OPERATING NPI
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