J&J withMe

DARZALEX® (daratumumab) injection for intravenous infusion 100 mg/5 mL, 400 mg/20 mL

DARZALEX Faspro® (daratumumab and hyaluronidase-fihj) Injection for subcutaneous use | 1,800mg/30,000units

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# Help your patients manage their Savings Program Benefits

**You can submit rebate requests to the J&J withMe Savings Program on behalf of your patients, or your patients can submit rebate requests on their own**

## If you are submitting a rebate request on behalf of your patient, you will need to submit:


A copy of their Explanation of Benefits (**EOB**) indicating patient responsibility for their DARZALEX®, DARZALEX *FASPRO*®, TALVEY®, or TECVAYLI® medicine costs. This is required for your patient to receive payment via Virtual Payment Card.

- By submitting an EOB on behalf of a patient, the healthcare provider certifies that they have been authorized by the patient to receive payment directly for the appropriate value of the medical claim submission

## Submitting a primary claim:

To submit a **primary claim** on behalf of the patient, providers must submit a CMS-1500 (HICF) or Uniform Billing Form—CMS-1450 (UB-04)—**through their electronic billing system**.

## Submitting a secondary claim–for payment to you by EFT or check:

1. If you have submitted a primary claim and the claim has a remaining balance of $5 or more, you may submit a secondary claim.
   - Before you get started, contact your clearinghouse to request that Payer ID# 56155 be added to their system, if needed
2. Submit **secondary claim** to the J&J withMe Savings Program via the Provider Portal or fax (855-998-4422) using CMS-1500 or UB-04 medical claim forms or electronic versions 837P or 837I (electronic submission is preferred).
   - You will need to submit the primary payer EOB along with the secondary claim form
   - To complete the form, you will need the patient's J&J withMe Savings Program Member ID, Group# 00003716, and Payer ID# 56155
   - You will receive funds for approved claims by check, which will include information on setting up future payments via electronic funds transfer (EFT), if preferred
     - NOTE: If you already receive funds via EFT, you will continue to receive payments that way

## See the following pages for sample CMS-1500 and UB-04 claim forms with additional information.

**Please read full Prescribing Information for DARZALEX® and DARZALEX *FASPRO*®. Please read full Prescribing Information, including Boxed Warning, and Medication Guides for TALVEY® and TECVAYLI®. Provide the appropriate Medication Guide to your patients and encourage discussion.**

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# Sample CMS-1500 Claim Form
## for Billing in the Physician Office

**1 Insured's ID Number**
Enter the J&J withMe Savings Program Member number

**2 Insured's Name**
Enter the patient's name, even if the patient is not the policyholder

**3 Procedures, Services, or Supplies**
Enter the NDC number in the shaded area and enter the appropriate J-Code, S-Code, or G-Code

**NOTE:**
Fill out the remainder of the CMS-1500 claim form the same way you would for a typical secondary claim submission. Please make sure the claim documentation clearly states the CPT®/J-Code or S-Code and the NDC and/or drug name. For payers that require the G-Codes, enter the applicable code based on the dose of DARZALEX®, DARZALEX *FASPRO*®, TALVEY®, or TECVAYLI®.

**Use of the electronic version of the CMS-1500 (837P) is preferred.**

CPT® = Current Procedural Terminology. CPT® is a registered trademark of the American Medical Association, 2023.
HCPCS = Healthcare Common Procedure Coding System;
NDC = National Drug Code.

**HEALTH INSURANCE CLAIM FORM**

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

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 12345A67B

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John B.

3. PATIENT'S BIRTH DATE MM DD YY: 07 01 70 SEX M [X] F [ ]

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 [X] Spouse [ ] Child [ ] Other [ ]

7. INSURED'S ADDRESS (No., Street): 3914 Spruce Street

CITY: Anytown STATE: AS

8. RESERVED FOR NUCC USE

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)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES [ ] NO [ ]

a. INSURED'S DATE OF BIRTH MM DD YY SEX M [ ] F [ ]

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES [ ] NO [ ] PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES [ ] NO [ ]

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES [ ] NO [ ] *If yes*, complete items 9, 9a, and 9d.

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

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: Dr. Jones

17a.

17b. NPI 123 456 7890

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): DARZALEX *FASPRO*®(daratumumab and hyaluronidase-fihj) 10 mg injection

20. OUTSIDE LAB? YES [ ] NO [ ] $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.
A. C34.30 B. C. D.
E. F. G. H.
I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM DD YY | To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 04 01 24 | 04 01 24 | 11 | | 57894-0503-01 J9144 | A | | 180 | | NPI | 123 456 7890 |
| 2 | 04 01 24 | 04 01 24 | 11 | | 96401 | A | | 1 | | NPI | 123 456 7890 |
| 3 | | | | | | | | | | NPI | |
| 4 | | | | | | | | | | NPI | |
| 5 | | | | | | | | | | NPI | |
| 6 | | | | | | | | | | NPI | |

25. FEDERAL TAX I.D. NUMBER SSN EIN

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) YES [ ] NO [ ]

28. TOTAL CHARGE $

29. AMOUNT PAID $

30. Rsvd for NUCC Use

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.)
SIGNED DATE

32. SERVICE FACILITY LOCATION INFORMATION
a. b.

33. BILLING PROVIDER INFO & PH # (203) 987-6543
Dr. Jones
4231 Center Road
Anytown, AS 01010
a. 123 456 7890 b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

NUCC Instruction Manual available at: www.nucc.org *PLEASE PRINT OR TYPE* OMB APPROVAL PENDING

**Please read full Prescribing Information for DARZALEX® and DARZALEX *FASPRO*®. Please read full Prescribing Information, including Boxed Warning, and Medication Guides for TALVEY® and TECVAYLI®. Provide the appropriate Medication Guide to your patients and encourage discussion.**

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TECVAYLI® (teclistamab-cqyv) Injection for subcutaneous use 10 mg/mL and 90 mg/mL

# Sample UB-04 Claim Form

## for Billing in the Hospital Outpatient Department (HOPD)

**1 Value Codes**
Enter "PR2" under "Code" and enter the remaining patient responsibility after processing of the primary insurance claim under "Amount"

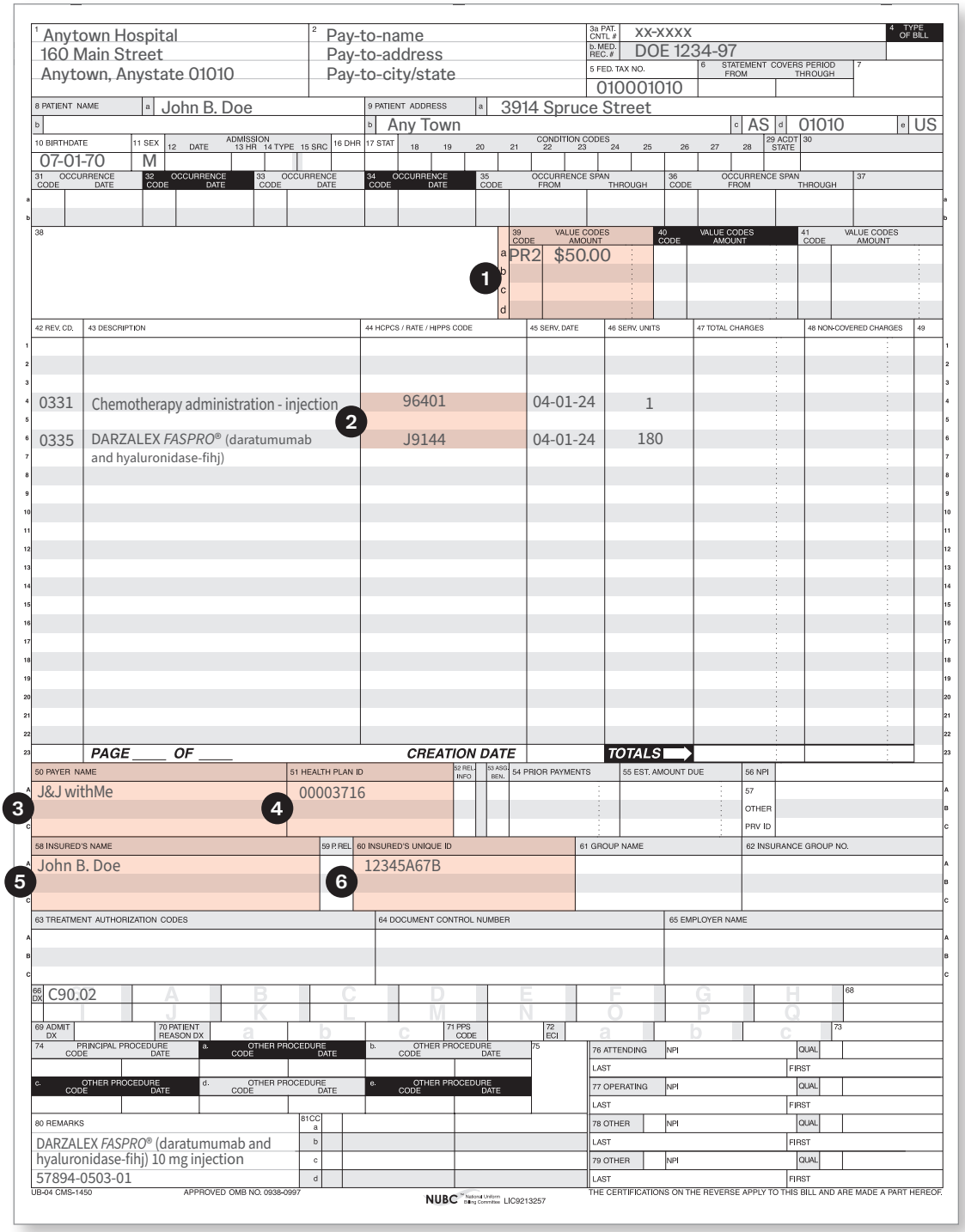
**2 HCPCS/Rate/ HIPPS Code**
Enter the appropriate J-Code, S-Code, or G-Code

**3 Payer Name**
Enter "J&J withMe Savings Program"

**4 Health Plan ID**
Enter the Group number: 00003716

**5 Insured's Name**
Enter the patient's name, even if the patient is not the policyholder

**6 Insured's Unique ID**
Enter the J&J withMe Savings Program Member number



1 Anytown Hospital
160 Main Street
Anytown, Anystate 01010

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

3a PAT. CNTL. # xx-xxxx
b. MED. REC. # DOE 1234-97
4 TYPE OF BILL
5 FED. TAX NO. 010001010
6 STATEMENT COVERS PERIOD FROM THROUGH

8 PATIENT NAME: John B. Doe
9 PATIENT ADDRESS: 3914 Spruce Street
Any Town | AS | 01010 | US
10 BIRTHDATE: 07-01-70
11 SEX: M

38
39 VALUE CODES CODE AMOUNT: a PR2 $50.00 (1)
40 VALUE CODES
41 VALUE CODES

| 42 REV. CD. | 43 DESCRIPTION | 44 HCPCS / RATE / HIPPS CODE | 45 SERV. DATE | 46 SERV. UNITS | 47 TOTAL CHARGES | 48 NON-COVERED CHARGES |
|---|---|---|---|---|---|---|
| 0331 | Chemotherapy administration - injection | 96401 (2) | 04-01-24 | 1 | | |
| 0335 | DARZALEX *FASPRO*® (daratumumab and hyaluronidase-fihj) | J9144 | 04-01-24 | 180 | | |
| | PAGE ____ OF ____ | CREATION DATE | | TOTALS | | |

50 PAYER NAME: J&J withMe (3)
51 HEALTH PLAN ID: 00003716 (4)
52 REL. INFO
53 ASG. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
57 OTHER PRV ID

58 INSURED'S NAME: John B. Doe (5)
59 P. REL
60 INSURED'S UNIQUE ID: 12345A67B (6)
61 GROUP NAME
62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME

66 DX: C90.02
67 A B C D E F G H I J K L M N O P Q
68
69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
73

74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
c. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE

76 ATTENDING NPI QUAL LAST FIRST
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST

80 REMARKS
DARZALEX *FASPRO*® (daratumumab and hyaluronidase-fihj) 10 mg injection
57894-0503-01
81CC a b c d

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

**NOTE:**
Fill out the remainder of the UB-04 claim form the same way you would for a typical secondary claim submission. Please make sure the claim documentation clearly states the CPT®/J-Code or S-Code and the NDC and/or drug name. For payers that require the G-Codes, enter the applicable code based on the dose of DARZALEX®, DARZALEX *FASPRO*®, TALVEY®, or TECVAYLI®.

**Use of the electronic version of the UB-04 (837I) is preferred.**

If you have questions about payment processing, call us at 833-JNJ-wMe1 (833-565-9631).

**Please read full Prescribing Information for DARZALEX® and DARZALEX *FASPRO*®. Please read full Prescribing Information, including Boxed Warning, and Medication Guides for TALVEY® and TECVAYLI®. Provide the appropriate Medication Guide to your patients and encourage discussion.**

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# J&J withMe is your single source for access, affordability, and treatment support programs from Johnson & Johnson. Your patients will be connected to the program that aligns with the J&J medicine they've been prescribed.

- ☑ **Access support**
  to help navigate payer processes
- ☑ **Affordability support**
  to help patients discover ways to afford their J&J treatment
- ☑ **Dedicated, free 1-on-1 Care Navigator Support for Your Patients**
  to support the nonclinical needs that may arise while on their prescribed medicine from J&J

## Convenient online Provider Portal at Portal.JNJwithMe.com

With an executed BAA or individual patient authorization on file, you can:

- Have access to a customizable patient dashboard with real-time status updates
- Initiate prior authorizations without benefits investigations
- Review the results of benefits investigations
- View or help manage Savings Program benefits on behalf of your patients
- Receive notifications when new information is available or action is required on the Portal

Sign up or log in to the Provider Portal at **Portal.JNJwithMe.com**

Visit us online at **JNJwithMe.com**

**Questions?** Call **833-JNJ-wMe1** (833-565-9631)
Monday–Friday, 8:00 AM–8:00 PM ET
Multilingual phone support available

**Bookmark these links for quick and easy access!**

The patient support and resources provided by J&J withMe are not intended to give medical advice, replace a treatment plan from the patient's healthcare provider, offer services that would normally be performed by the provider's office, or serve as a reason to prescribe a J&J medicine.

**Please read full Prescribing Information for DARZALEX® and DARZALEX *FASPRO*®. Please read full Prescribing Information, including Boxed Warning, and Medication Guides for TALVEY® and TECVAYLI®. Provide the appropriate Medication Guide to your patients and encourage discussion.**



Johnson&Johnson