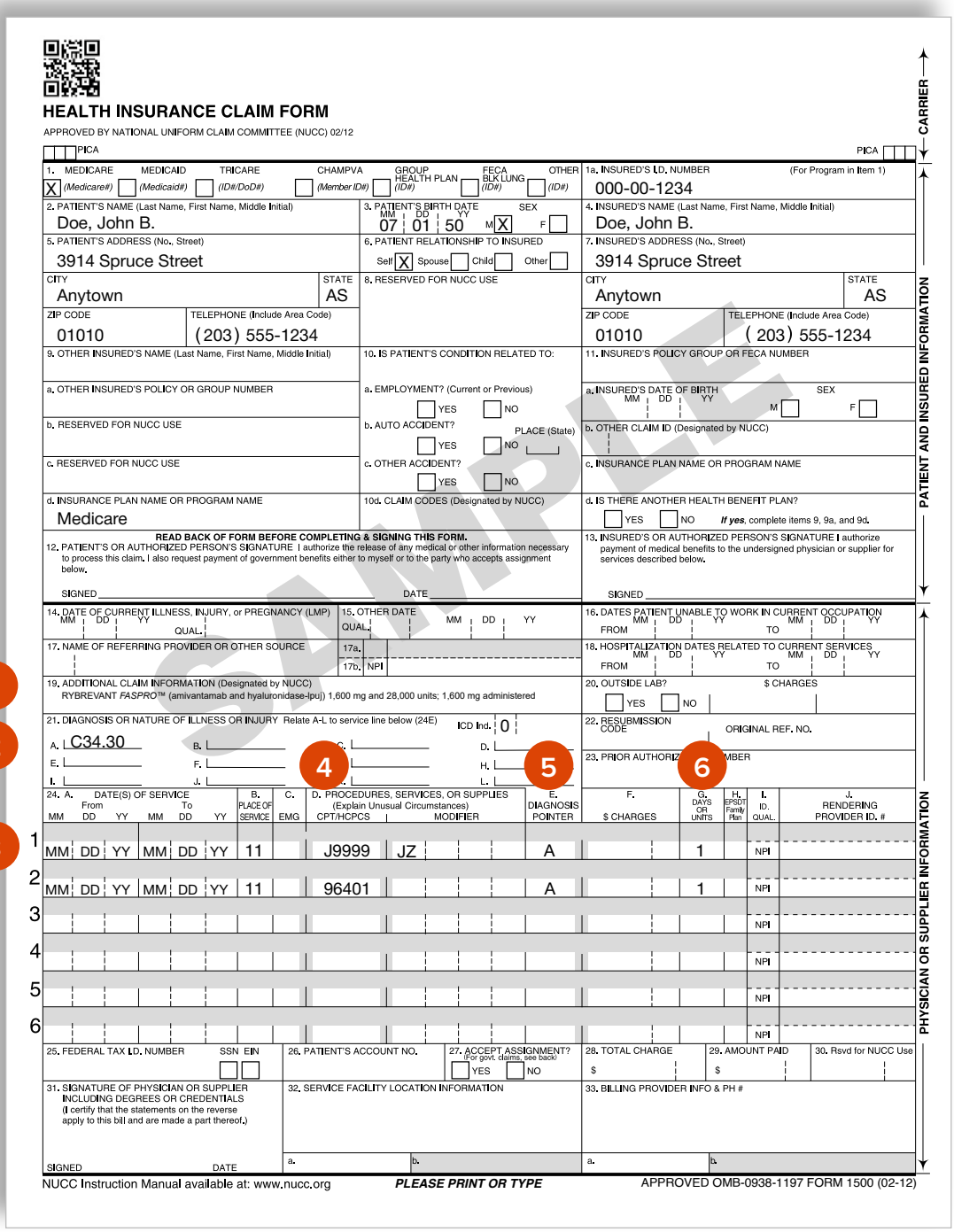
Physician Office Sample Claim Form (CMS-1500)[2] for RYBREVANT *FASPRO*™ (1,600 mg amivantamab and 20,000 units hyaluronidase)[1]



HEALTH INSURANCE CLAIM FORM

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

PICA

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

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 000-00-1234

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE MM DD YY	SEX	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
Doe, John B.	07 01 50	M X F	Doe, John B.

5. PATIENT'S ADDRESS (No., Street)	6. PATIENT RELATIONSHIP TO INSURED	7. INSURED'S ADDRESS (No., Street)
3914 Spruce Street	Self X Spouse Child Other	3914 Spruce Street

CITY	STATE	8. RESERVED FOR NUCC USE	CITY	STATE
Anytown	AS		Anytown	AS

ZIP CODE	TELEPHONE (Include Area Code)	ZIP CODE	TELEPHONE (Include Area Code)
01010	(203) 555-1234	01010	(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: Medicare	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 MM DD YY QUAL.	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM MM DD YY TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM MM DD YY TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) RYBREVANT *FASPRO*™ (amivantamab and hyaluronidase-lpuj) 1,600 mg and 28,000 units; 1,600 mg administered		20. OUTSIDE LAB? YES NO $ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 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 MM DD YY	MM DD YY	11		J9999	JZ	A		1		NPI	
2 MM DD YY	MM DD YY	11		96401		A		1		NPI	
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 # a. b.

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

1 2 3 4 5 6

1 Item 19[5]

NOC codes are not drug specific; enter additional detail here. Payer requirements, including need for additional documentation (eg, drug wastage, NDC, drug invoice), may vary. Please verify with your payer.

2 Item 21[8]

Indicate diagnosis using appropriate ICD-10-CM code to the highest level of specificity.

3 Item 24A[2]

If NDC information is required, enter it in the shaded portion of 24A.

4 Item 24D[4,6,7]

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

- RYBREVANT *FASPRO*

J9999 - Not otherwise classified antineoplastic drugs

- **Modifier**

JZ - No discarded amount from a single-dose container

- **96401** - Chemotherapy administration, subcutaneous or intramuscular; nonhormonal antineoplastic

5 Item 24E[2]

Refer to the diagnosis for this item or service (see Item 21) and enter the corresponding letter.

6 Item 24G[4,7]

- RYBREVANT *FASPRO*

J9999 - Enter the number of HCPCS units according to the code descriptor (NOC/ miscellaneous drug codes are always reported as a unit of "1")

- **Drug Administration**

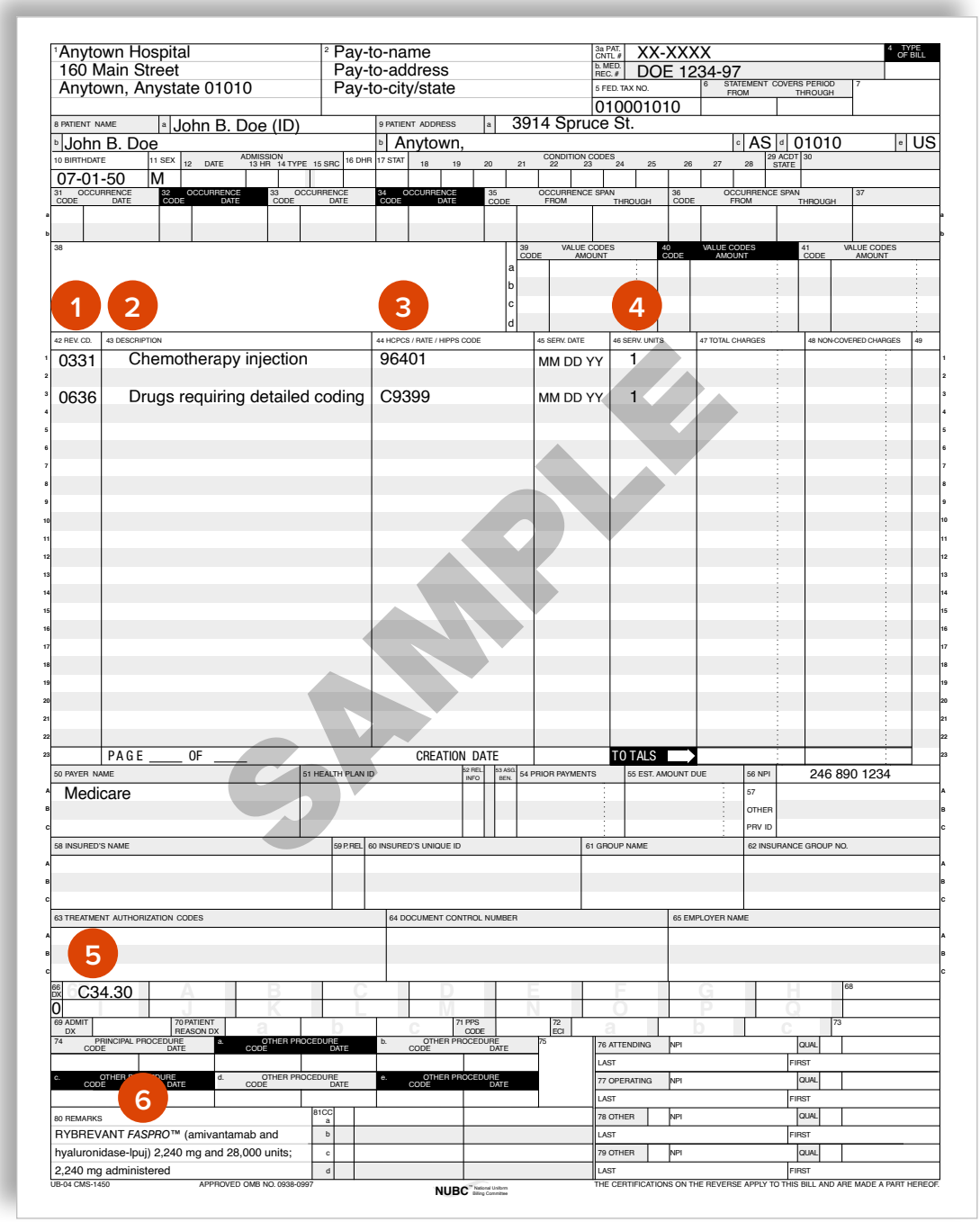
96401 - Enter 1 unit for each injection (**Note:** for practitioners, Medicare allows up to 3 units of 96401 per date of service)

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–8 PM ET. For additional resources, please visit https://www.rybrevanthcp.com/resource-library/#access-resources.
Please read full Prescribing Information and Patient Information for RYBREVANT *FASPRO*.
Provide the Patient Information to your patients and encourage discussion.

RYBREVANT Faspro™
(amivantamab and hyaluronidase-lpuj)
Subcutaneous injection | 160 mg/2,000 units per mL

Johnson&Johnson

Hospital Outpatient Department Sample Claim Form (CMS-1450: UB-04)[3] for RYBREVANT *FASPRO*™ (2,240 mg amivantamab and 28,000 units hyaluronidase)[1]



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 5 FED. TAX NO. 010001010	4 TYPE OF BILL 6 STATEMENT COVERS PERIOD FROM THROUGH

8 PATIENT NAME	9 PATIENT ADDRESS				
a John B. Doe (ID) b John B. Doe	a 3914 Spruce St. b Anytown,	c AS	d 01010	e US	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
07-01-50	M									

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

38

39 VALUE CODES AMOUNT	40 VALUE CODES AMOUNT	41 VALUE CODES AMOUNT

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0331	Chemotherapy injection	96401	MM DD YY	1			
0636	Drugs requiring detailed coding	C9399	MM DD YY	1			
	PAGE ____ OF ____	CREATION DATE		TOTALS			

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG. BEN.	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
Medicare						246 890 1234	

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	A	B	C	D	E	F	G	H	68
0	C34.30								

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a	b	c	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

RYBREVANT *FASPRO*™ (amivantamab and hyaluronidase-lpuj) 2,240 mg and 28,000 units; 2,240 mg administered

81CC a / b / c / d

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

1 Form Locator 42[3]

List revenue codes in ascending order.

2 Form Locator 43[3]

- 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[4,6,7]

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

- RYBREVANT *FASPRO*

C9399 - Unclassified drugs or biologics

- **Modifiers**

The JZ modifier does not apply to C9399

- **Drug Administration**

96401 - Chemotherapy administration, subcutaneous or intramuscular; nonhormonal antineoplastic

4 Form Locator 46[4,7]

- RYBREVANT *FASPRO*

C9399 – Enter the number of HCPCS units according to the code descriptor (NOC/ miscellaneous drug codes are always **reported as a** unit of "1")

- **Injection Services**

96401 – Enter 1 unit for each injection. (**Note:** for facilities, Medicare allows up to 4 units of 96401 per date of service)

5 Form Locator 67[8]

Indicate diagnosis using the appropriate ICD-10-CM code to the highest level of specificity.

6 Form Locator 80[5]

NOC codes are not drug specific; enter additional detail here. Payer requirements, including need for additional documentation (eg, drug wastage, NDC, drug invoice), may vary. Please verify with your payer.

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–8 PM ET. For additional resources, please visit https://www.rybrevanthcp.com/resource-library/#access-resources.

Please read full Prescribing Information and Patient Information for RYBREVANT *FASPRO*.

Provide the Patient Information to your patients and encourage discussion.

References. 1. RYBREVANT *FASPRO* [Prescribing Information]. Horsham, PA: Janssen Biotech, Inc. **2.** CMS. Medicare Claims Processing Manual, Chapter 26. Accessed March 5, 2026. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf **3.** CMS. Medicare Claims Processing Manual, Chapter 25. Accessed March 5, 2026. https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c25.pdf **4.** Centers for Medicare and Medicaid Services. October 2024 Alpha-numeric HCPCS file. Accessed March 5, 2026. https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update **5.** CMS. HCPCS Level II Coding Procedures. Accessed March 5, 2026. https://www.cms.gov/medicare/coding/medhcpcsgeninfo/downloads/2018-11-30-hcpcs-level2-coding-procedure.pdf **6.** CMS. Medicare Program Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions. Accessed March 5, 2026. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Downloads/JW-Modifier-FAQs.pdf **7.** American Medical Association. Current Procedural Terminology: CPT® 2025: Professional Edition. AMA Press; 2024. **8.** CMS. 2025 ICD-10-CM Tabular List of Diseases and Injuries. Accessed March 5, 2026. https://www.cms.gov/medicare/coding-billing/icd-10-codes#CodeFiles

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Subcutaneous injection | 160 mg/2,000 units per mL

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