

TECVAYLI® (teclistamab-cqyv)

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 <input type="checkbox"/> <input type="checkbox"/>															
1. MEDICARE <input checked="" type="checkbox"/> (Medicare#) MEDICAID <input type="checkbox"/> (Medicaid#) TRICARE <input type="checkbox"/> (ID#/DoD#) CHAMPVA <input type="checkbox"/> (Member ID#) GROUP HEALTH PLAN <input type="checkbox"/> (ID#) FECA BLK/LUNG <input type="checkbox"/> (ID#) OTHER <input type="checkbox"/> (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) Doe, John B.				3. PATIENT'S BIRTH DATE MM DD YY 07 01 50				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 <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				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)				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) <input type="checkbox"/> YES <input type="checkbox"/> NO				a. INSURED'S DATE OF BIRTH MM DD YY				SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F			
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				b. OTHER CLAIM ID (Designated by NUCC)				c. INSURANCE PLAN NAME OR PROGRAM NAME			
c. RESERVED FOR NUCC USE				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				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)				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.							
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 _____															
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY				15. OTHER DATE QUAL. MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY							
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Dr. Jones				17a. NPI 123 456 7890				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY							
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)				20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES				22. RESUBMISSION CODE ORIGINAL REF. NO.							
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0				23. PRIOR AUTHORIZ. NUMBER				24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY							
A. C90.02				B. PLACE OF SERVICE 11				C. PROCEDURES, SERVICES, OR SUPPLIES J9380				E. DIAGNOSIS POINTER A			
D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) J9380 JW				F. \$ CHARGES 216				G. DAYS OR UNITS 90				H. I.D. QUAL. NPI			
I. RENDERING PROVIDER ID, #				J. \$ CHARGES 96401				K. I.D. QUAL. A				L. \$ CHARGES 1			
M. I.D. QUAL. NPI				N. I.D. QUAL. NPI				O. I.D. QUAL. NPI				P. I.D. QUAL. NPI			
Q. I.D. QUAL. NPI				R. I.D. QUAL. NPI				S. I.D. QUAL. NPI				T. I.D. QUAL. NPI			
U. I.D. QUAL. NPI				V. I.D. QUAL. NPI				W. I.D. QUAL. NPI				X. I.D. QUAL. NPI			
Y. I.D. QUAL. NPI				Z. I.D. QUAL. NPI				AA. I.D. QUAL. NPI				AB. I.D. QUAL. NPI			
25. FEDERAL TAX ID, NUMBER				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov't debts, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO				28. TOTAL CHARGE \$			
29. AMOUNT PAID \$				30. Rsvd for NUCC Use				31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE 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			
33. BILLING PROVIDER INFO & PH #				a. _____				b. _____				c. _____			

- Item 21**
Indicate diagnosis using the appropriate ICD-10-CM code.
- Item 24A**
If NDC information is required, enter it in the shaded portion of 24A.
- 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
- Item 24E**
Refer to the diagnosis for this item or service (see Item 21) and enter the corresponding letter.
- 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/tecvayli
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 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.

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



TECVAYLI® (teclistamab-cqyv)

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)

1 Anytown Hospital 160 Main Street Anytown, Anystate 01010		2 Pay-to-name Pay-to-address Pay-to-city/state		3a PAT. CNTL. # 3b MED. REC. # 5 FED. TAX. NO.		XX-XXXX DOE 1234-97 010001010		4 TYPE OF BILL	
8 PATIENT NAME a John B. Doe (ID)		9 PATIENT ADDRESS a 3914 Spruce St.		b John B. Doe		c Anytown,		d AS e 01010 f US	
10 BIRTHDATE 07-01-50		11 SEX M		12 DATE		13 HR		14 TYPE	
15 SRC		16 DHR		17 STAT		18		19	
20		21		22		23		24	
25		26		27		28		29 ACCT	
30 STATE		31 OCCURRENCE DATE		32 CODE		33 OCCURRENCE DATE		34 CODE	
35 OCCURRENCE DATE		36 CODE		37 OCCURRENCE SPAN FROM		38 THROUGH		39 CODE	
40 OCCURRENCE SPAN FROM		41 THROUGH		42 VALUE CODES		43 AMOUNT		44 CODE	
45 VALUE CODES		46 AMOUNT		47 VALUE CODES		48 AMOUNT		49 CODE	
50 VALUE CODES		51 AMOUNT		52 VALUE CODES		53 AMOUNT		54 CODE	
55 VALUE CODES		56 AMOUNT		57 VALUE CODES		58 AMOUNT		59 CODE	
60 VALUE CODES		61 AMOUNT		62 VALUE CODES		63 AMOUNT		64 CODE	
65 VALUE CODES		66 AMOUNT		67 VALUE CODES		68 AMOUNT		69 CODE	
70 VALUE CODES		71 AMOUNT		72 VALUE CODES		73 AMOUNT		74 CODE	
75 VALUE CODES		76 AMOUNT		77 VALUE CODES		78 AMOUNT		79 CODE	
80 VALUE CODES		81 AMOUNT		82 VALUE CODES		83 AMOUNT		84 CODE	
85 VALUE CODES		86 AMOUNT		87 VALUE CODES		88 AMOUNT		89 CODE	
90 VALUE CODES		91 AMOUNT		92 VALUE CODES		93 AMOUNT		94 CODE	
95 VALUE CODES		96 AMOUNT		97 VALUE CODES		98 AMOUNT		99 CODE	
100 VALUE CODES		101 AMOUNT		102 VALUE CODES		103 AMOUNT		104 CODE	
105 VALUE CODES		106 AMOUNT		107 VALUE CODES		108 AMOUNT		109 CODE	
110 VALUE CODES		111 AMOUNT		112 VALUE CODES		113 AMOUNT		114 CODE	
115 VALUE CODES		116 AMOUNT		117 VALUE CODES		118 AMOUNT		119 CODE	
120 VALUE CODES		121 AMOUNT		122 VALUE CODES		123 AMOUNT		124 CODE	
125 VALUE CODES		126 AMOUNT		127 VALUE CODES		128 AMOUNT		129 CODE	
130 VALUE CODES		131 AMOUNT		132 VALUE CODES		133 AMOUNT		134 CODE	
135 VALUE CODES		136 AMOUNT		137 VALUE CODES		138 AMOUNT		139 CODE	
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145 VALUE CODES		146 AMOUNT		147 VALUE CODES		148 AMOUNT		149 CODE	
150 VALUE CODES		151 AMOUNT		152 VALUE CODES		153 AMOUNT		154 CODE	
155 VALUE CODES		156 AMOUNT		157 VALUE CODES		158 AMOUNT		159 CODE	
160 VALUE CODES		161 AMOUNT		162 VALUE CODES		163 AMOUNT		164 CODE	
165 VALUE CODES		166 AMOUNT		167 VALUE CODES		168 AMOUNT		169 CODE	
170 VALUE CODES		171 AMOUNT		172 VALUE CODES		173 AMOUNT		174 CODE	
175 VALUE CODES		176 AMOUNT		177 VALUE CODES		178 AMOUNT		179 CODE	
180 VALUE CODES		181 AMOUNT		182 VALUE CODES		183 AMOUNT		184 CODE	
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220 VALUE CODES		221 AMOUNT		222 VALUE CODES		223 AMOUNT		224 CODE	
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765 VALUE CODES		766 AMOUNT		767 VALUE CODES		768 AMOUNT		769 CODE	
770 VALUE CODES		771 AMOUNT		772 VALUE CODES		773 AMOUNT		774 CODE	
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780 VALUE CODES		781 AMOUNT		782 VALUE CODES					