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

CARRIER

PICA ▢▢▢ | PICA ▢▢

1. MEDICARE ☒ (Medicare#) | MEDICAID ▢ (Medicaid#) | TRICARE ▢ (ID#/DoD#) | CHAMPVA ▢ (Member ID#) | GROUP HEALTH PLAN ▢ (ID#) | FECA BLK LUNG ▢ (ID#) | OTHER ▢ (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: **07 01 50** — SEX M ☒ 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 ☒ 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 — 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 _____

PATIENT AND INSURED INFORMATION

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: FROM MM DD YY 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: FROM MM DD YY TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
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. **C90.02** 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		J9380		A		216			NPI
2 MM DD YY	MM DD YY	11		J9380	JW	A		90			NPI
3 MM DD YY	MM DD YY	11		96401		A		1			NPI
4											NPI
5											NPI
6											NPI

PHYSICIAN OR SUPPLIER INFORMATION

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.

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

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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/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) Injection for subcutaneous use
10 mg/mL and 90 mg/mL

Johnson&Johnson

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 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 HCPCS units; 216 units administered, 90 units discarded
- 96401 – Bill 1 unit

5 Form Locator 67
Indicate diagnosis using the appropriate ICD-10-CM code.

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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

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