

EPKINLY™ (epcoritamab-bysp)

Physician's Office Claim Form (Sample CMS 1500)

This sample form is provided for informational purposes only. The accurate completion of claims documentation is the responsibility of the provider. Genmab and AbbVie do not guarantee reimbursement for any services or product.

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES																			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. <input type="checkbox"/>										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) E. DIAGNOSIS POINT F. CHARGES G. DAYS OR UNITS H. DAYS OR UNITS I. ID. J. RENDERING PROVIDER ID. #										OR SUPPLIER INFORMATION																			
1																													
2																													
3																													
4																													

1. MEDICARE MEDICAID TRICARE CHAMPVA OTHER (For Program in Item 1)										2. INSURED'S ID. NUMBER									
3. PATIENT'S NAME (Last, First, Middle Initial)										4. INSURED'S NAME (Last, First, Middle Initial)									
5. PATIENT'S ADDRESS (No. Street)										6. INSURED'S ADDRESS (No. Street)									
7. CITY										8. CITY									
9. STATE										10. STATE									
11. ZIP CODE										12. ZIP CODE									
13. TELEPHONE (Include Area Code)										14. TELEPHONE (Include Area Code)									
15. OTHER INSURED'S NAME (Last, First, Middle Initial)										16. INSURED'S POLICY GROUP OR PESA NUMBER									
17. OTHER INSURED'S POLICY OR GROUP NUMBER										18. INSURED'S DATE OF BIRTH									
19. RESERVED FOR NUCC USE										20. OTHER CLAIM # (Designated by NUCC)									
21. RESERVED FOR NUCC USE										22. INSURANCE PLAN NAME OR PROGRAM NAME									
23. INSURANCE PLAN NAME OR PROGRAM NAME										24. IS THERE ANOTHER HEALTH BENEFIT PLAN?									
25. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.										26. SIGNATURE OF PHYSICIAN OR SUPPLIER									
27. DATE OF SERVICE										28. DATE OF SERVICE									
29. DATE OF SERVICE										30. DATE OF SERVICE									
31. DATE OF SERVICE										32. DATE OF SERVICE									
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99. DATE OF SERVICE										100. DATE OF SERVICE									

- Item 21**
Enter appropriate ICD-10-CM diagnosis codes based on the patient's documented medical record.¹
- Item 24A and 24B**
Enter the date of service and the appropriate 2-digit place of service code corresponding to the location where services are rendered (eg, 11 – Physician Office).¹
- Item 24D**
EPKINLY should be billed with HCPCS J9321.² If applicable, discarded product should be reported on a separate line with the JW modifier.³ If no drug wastage, append JZ modifier to the HCPCS.⁴ On a separate line, enter the appropriate CPT drug administration code (eg, 96401).⁵
- Item 24E**
Enter the diagnosis code reference letter from Item 21 that relates to the product or procedure listed in Item 24D.¹
- Item 24G**
Report billing units here.¹ EPKINLY is billed on a per 0.16 mg basis. For the drug administration CPT code 96401, enter a unit of "1" to be consistent with language on the 1450 form.⁵

Please see full [Prescribing Information](#), including Boxed Warnings.

References: 1. Centers for Medicare & Medicaid Services. Completing and processing form CMS-1500 data set: section 10.5: place of service codes (POS) and definitions. In: Medicare Claims Processing Manual. CMS; Revised May 27, 2022:20-35. Accessed January 5, 2023. Pages 12-17. 2. Centers for Medicare & Medicaid Services. 2023 HCPCS Application Summary for Quarter 3, 2023 Drugs and Biologicals. October 2023. Accessed October 19, 2023. <https://www.cms.gov/files/document/2023-hcpcs-application-summary-quarter-3-2023-drugs-and-biologicals.pdf> 3. Centers for Medicare & Medicaid Services. Drugs and biologicals. In: Medicare Claims Processing Manual. Revised July 3, 2023. Accessed October 17, 2023. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/cim104c17.pdf> 4. Centers for Medicare & Medicaid Services. Medicare Program Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions. CMS.gov. Updated 10/17/2023. Accessed 10/23/2023. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatient/downloads/jw-modifier-faqs.pdf> 5. American Medical Association. Current Procedural Terminology: CPT® 2024 Professional Edition. AMA Press; 2023.