Physician Office Sample CMS-1500 Claim Form



The CMS-1500 claim form is the standard claim form used by physician offices to bill many government and private insurers. This sample is intended to educate you on completing the form for billing ENTYVIO and associated services.

- (A) Diagnosis Code | Box 21 Document appropriate ICD-10-CM diagnosis code(s) corresponding to the patient's diagnosis. Line A—primary diagnosis code
- B Product Information | Box 24 Supplemental information may be entered in the shaded section. Providers must verify information requirements with the payer
- **C Product Code | Box 24D** Document the appropriate HCPCS code for infusion of ENTYVIO (eg, J code)
- D Procedure Code | Box 24D Use the CPT® code representing the procedure performed, as required by the payer
- E Diagnosis Pointer | Box 24E Specify diagnosis, from Box 21, related to each CPT/HCPCS code listed in Box 24D. This may be in a letter or number depending on the payer
- F Service Units | Box 24G Report number of units (eg, 300 units = 300 mg)

Click <u>here</u> for a CMS-1500 CLAIM FORM you can fill out.

This billing guide does not represent a promise or guarantee of coverage and payment for any individual patient or treatment. Correct coding is the responsibility of the provider submitting a claim for the item or service. Please check with the payer to verify codes and any special billing requirements.



If you have questions about completing a claim form for ENTYVIO, call *EntyvioConnect* at **1-855-ENTYVIO** (1-855-368-9846), Monday to Friday, from 8 AM to 8 PM ET (except holidays).

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

Please see Indications and Important Safety Information on the next page.

	UDANIOE OLAIR	4 50014								
	URANCE CLAIN AL UNIFORM CLAIM COMMI		2							
PICA								Pl	CA T	
	#EDICAID TRICARE fedicaid#) (IDW/DoD#)	CHAMP!		PLAN FECA BUX LUNI	OTHER	1a, INSURED'S I D. NU	MBER	(For Program In Ite	m 1)	
	st Name, First Name, Middle				SEX SEX	4. INSURED'S NAME (Last Name, First Name,	Middle Initial)		
				M	F					
5. PATIENT'S ADDRESS	S (No., Street)		6. PATIENT RELA	TIONSHIP TO INSU	Other	7. INSURED'S ADDRES	SS (No., Street)			
CITY		STATE			Omer	CITY		STA	TE	
ZIP CODE	TELEPHONE (Inch	ide Area Code)				ZIP CODE	TELEPHONI	(Include Area Code)		
9. OTHER INSURED'S N	VAME (Last Name, First Name	o, Middle Initial)	10. IS PATIENT'S	CONDITION RELA	ED TO:	11. INSURED'S POLIC	Y GROUP OR FECA NU	MBER		
a, OTHER INSURED'S P	POLICY OR GROUP NUMBER	a. EMPLOYMENT? (Current or Previous)			a. INSURED'S DATE OF BIRTH SEX					
b. RESERVED FOR NUCC USE				b. AUTO ACCIDENT? PLACE (State)			b. OTHER CLAIM ID (Designated by NUCC)			
				YES NO						
c. RESERVED FOR NUC	CC USE		c. OTHER ACCIDI	ENT? YES NO		c. INSURANCE PLAN N	IAME OR PROGRAM N	AME		
d. INSURANCE PLAN N	AME OR PROGRAM NAME		S (Designated by N	UCC)	d. IS THERE ANOTHER	HEALTH BENEFIT PL	AN?			
						YES NO If yes, complete items 9, 9a, and 9d.				
12 PATIENTS OR AUTH	READ BACK OF FORM BE HORIZED PERSON'S SIGNA' lalso request payment of gove	FORE COMPLETIN TURE I authorize the	G & SIGNING THIS I release of any medic	FORM, al or other informatio	n necessary	 INSURED'S OR AU payment of medical 	benefits to the undersign	SIGNATURE I author led physician or supp	ize lier for	
below.	also request payment of gove	mment benefits eithei	r to myself or to the pa	irty who accepts assi	gnment	services described b	elow			
SIGNED			DATE			SIGNED				
14. DATE OF CURRENT	ILLNESS, INJURY, or PREG	NANCY (LMP) 15.	OTHER DATE	MM DD	YY	16. DATES PATIENT UI MM DD FROM	NABLE TO WORK IN C	JRRENT OCCUPATI	ON YY	
17 NAME OF REFERRI	OUAL NG PROVIDER OR OTHER S		-			18. HOSPITALIZATION MM DD	DATES RELATED TO	CURRENT SERVICES	3	
		17	b. NPI			FROM	то		YY	
19. ADDITIONAL CLAIM	INFORMATION (Designated	by NUCC)				20. OUTSIDE LAB?	\$ CI	IARGES		
21 DIAGNOSIS OR NAT	URE OF ILLNESS OR INJUR	Y Relate A-L to sen	vice line below (24E)	ICD Ind.		22 RESUBMISSION CODE			-	
A. L	В. L	_ c.i		D. L			ORIGINAL RE	F. NO.		
E	F. L	G. L		н L		23. PRIOR AUTHORIZA	TION NUMBER			
24 A. DATE(S) OF	SERVICE B.	C. D. PROCE	EDURES, SERVICES	L L.	E DIAGNOSIS	F.	G. H. I DAYS EISOT OR Fandy ID.	J.		
MM DD YY	TO PLACE OF	EMG CPT/HCF	ain Unusual Circumst	ODIFIER	POINTER	S CHARGES	OR Family ID.	PROVIDER I	G D. #	
1 1 1		(c)	(D)		(E)	(F)			
1 1 1							NP)			
			1				NPI			
							NPI			
							NPI			
		1100					in	THE REAL PROPERTY.		
OF FEDERAL TANKS	IMPED COLUMN	00 04*****		07 100777	C1111C		NPI			
25. FEDERAL TAX I.D. N	UMBER SSN EIN	26. PATIENT'S	ACCOUNT NO.	27. ACCEPT ASS For govi, craims, YES	NO	28. TOTAL CHARGE \$	29 AMOUNT PAI	30. Rsvd for h	UCC Use	
31. SIGNATURE OF PHY	SICIAN OR SUPPLIER ES OR CREDENTIALS	32. SERVICE FA	ACILITY LOCATION I			33. BILLING PROVIDER	and the second second	1	-	
(I certify that the state	ments on the reverse re made a part thereof.)						1	,		
appry to this on and a										
	DATE	a.	h.	who y === II		8.	b.			
SIGNED										



IMPORTANT SAFETY INFORMATION

CONTRAINDICATIONS

ENTYVIO is contraindicated in patients who have had a known serious or severe hypersensitivity reaction to ENTYVIO or any of its excipients.

WARNINGS AND PRECAUTIONS

- Infusion-Related and Hypersensitivity Reactions: Infusion-related reactions and hypersensitivity reactions including anaphylaxis, dyspnea, bronchospasm, urticaria, flushing, rash, and increased blood pressure and heart rate have been reported. These reactions may occur with the first or subsequent infusions and may vary in their time of onset from during infusion or up to several hours post-infusion. If anaphylaxis or other serious infusion-related or hypersensitivity reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.
- Infections: Patients treated with ENTYVIO are at increased risk for developing infections. Serious infections have been reported in patients treated with ENTYVIO, including anal abscess, sepsis (some fatal), tuberculosis, salmonella sepsis, Listeria meningitis, giardiasis, and cytomegaloviral colitis. ENTYVIO is not recommended in patients with active, severe infections until the infections are controlled. Consider withholding ENTYVIO in patients who develop a severe infection while on treatment with ENTYVIO. Exercise caution in patients with a history of recurring severe infections. Consider screening for tuberculosis (TB) according to the local practice.
- Progressive Multifocal Leukoencephalopathy (PML): PML, a rare and often fatal opportunistic infection of the central nervous system (CNS), has been reported with systemic immunosuppressants, including another integrin receptor antagonist. PML typically only occurs in patients who are immunocompromised. One case of PML in an ENTYVIO-treated patient with multiple contributory factors has been reported. Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms that may include progressive weakness on one side of the body or clumsiness of limbs, disturbance of vision, and changes in thinking, memory, and orientation leading to confusion and personality changes. If PML is suspected, withhold dosing with ENTYVIO and refer to neurologist; if confirmed, discontinue ENTYVIO dosing permanently.

- **Liver Injury:** There have been reports of elevations of transaminase and/or bilirubin in patients receiving ENTYVIO. ENTYVIO should be discontinued in patients with jaundice or other evidence of significant liver injury.
- Live and Oral Vaccines: Prior to initiating treatment with ENTYVIO, all
 patients should be brought up to date with all immunizations according
 to current immunization guidelines. Patients receiving ENTYVIO may
 receive non-live vaccines and may receive live vaccines if the benefits
 outweigh the risks.

ADVERSE REACTIONS

The most common adverse reactions (incidence ≥3% and ≥1% higher than placebo) were: nasopharyngitis, headache, arthralgia, nausea, pyrexia, upper respiratory tract infection, fatigue, cough, bronchitis, influenza, back pain, rash, pruritus, sinusitis, oropharyngeal pain, pain in extremities, and injection site reactions with subcutaneous administration.

DRUG INTERACTIONS

Because of the potential for increased risk of PML and other infections, avoid the concomitant use of ENTYVIO with natalizumab products and with TNF blockers.

INDICATIONS

Adult Ulcerative Colitis (UC):

ENTYVIO is indicated in adults for the treatment of moderately to severely active UC.

Adult Crohn's Disease (CD):

ENTYVIO is indicated in adults for the treatment of moderately to severely active CD.

DOSAGE FORMS & STRENGTHS:

- ENTYVIO Intravenous (IV) Infusion: 300 mg vedolizumab
- ENTYVIO Subcutaneous (SC) Injection: 108 mg vedolizumab

Please click for Full Prescribing Information.

