Physician Office Sample
CMS-1500 Claim Form

EntyvioCONNECT | Entyvio® vedolizumab

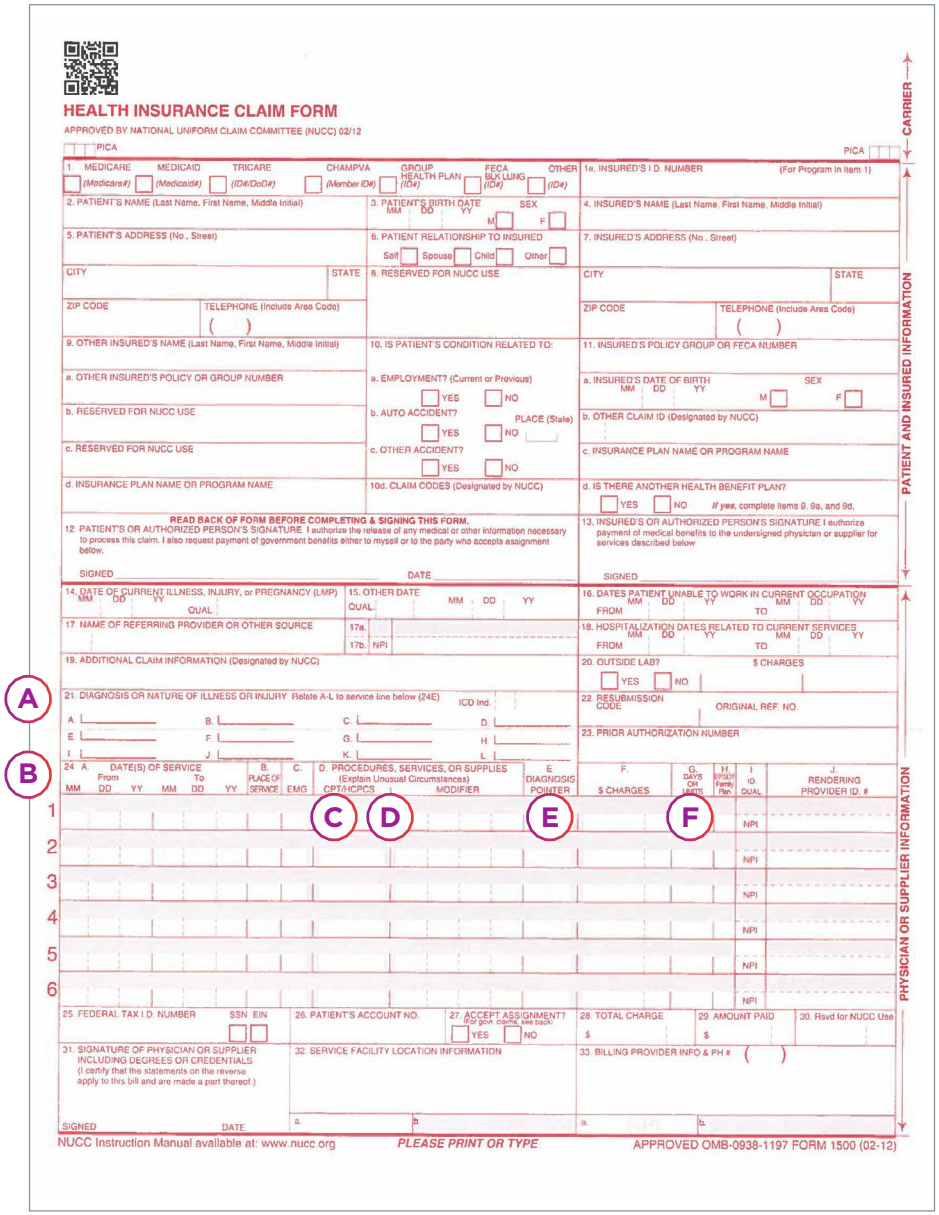
The CMS-1500 claim form is the standard claim form used by physician offices to bill many government and private insurers. This sample is intended to educate you on completing the form for billing Entyvio and associated services.

- (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 here 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).



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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.

IMPORTANT SAFETY INFORMATION

- ENTYVIO (vedolizumab) for injection is contraindicated in patients who have had a known serious or severe hypersensitivity reaction to ENTYVIO or any of its excipients.
- 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.
- 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), 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 is caused by the John Cunningham (JC) virus and typically only occurs in patients who are immunocompromised. One case of PML in an ENTYVIO-treated patient with multiple contributory factors has been reported in the post marketing setting (e.g., human immunodeficiency virus [HIV] infection with a CD4 count of 300 cells/mm^3 and prior and concomitant immunosuppression). Although unlikely, a risk of PML cannot be ruled out. Monitor patients for any new or worsening neurological signs or symptoms. Typical signs and symptoms associated with PML are diverse, progress over days to weeks, and 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 a neurologist; if confirmed, discontinue ENTYVIO dosing permanently.

IMPORTANT SAFETY INFORMATION (cont'd)

- 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.
- 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.
- Most common adverse reactions (incidence ≥3% and ≥1% higher than placebo): nasopharyngitis, headache, arthralgia, nausea, pyrexia, upper respiratory tract infection, fatigue, cough, bronchitis, influenza, back pain, rash, pruritus, sinusitis, oropharyngeal pain, and pain in extremities.

Please see full Prescribing Information, including Medication Guide.

INDICATIONS

Adult Ulcerative Colitis (UC)

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

Adult Crohn's Disease (CD)

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