

5 PHYSICIAN OFFICE SAMPLE CMS-1500 CLAIM FORM¹

The CMS-1500 claim form is the standard claim form to bill many government and private insurers. The sample here is intended to assist you with completing the form for billing Entyvio and associated services.

- A Diagnosis Code | Box 21** Document appropriate ICD diagnosis code(s) corresponding to patient's diagnosis. Line 1—primary diagnosis code
- B Product information | Box 24A** Supplemental information may be entered in the shaded section. Providers must verify information requirements with the payer
- C Product Code | Box 24D** Document use of product with appropriate code (eg, J-code) depending on the plan
- D Procedure Code | Box 24D** Use the CPT code representing procedure performed, as required by 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 (300 units = one 300-mg vial)

Click [here](#) for a CMS-1500 CLAIM FORM you can fill out.



For questions, please call **1-855-ENTYVIO** (1-855-368-9846), Monday to Friday, from 8 AM to 8 PM EST (except holidays)

Please see Indications and Important Safety Information on next page.

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER (vertical label on right)

PATIENT AND INSURED INFORMATION (vertical label on right)

PHYSICIAN OR SUPPLIER INFORMATION (vertical label on right)

A (circled annotation next to Box 21)

B (circled annotation next to Box 24A)

C (circled annotation next to Box 24D)

D (circled annotation next to Box 24D)

E (circled annotation next to Box 24E)

F (circled annotation next to Box 24G)

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) CHAMPVA (CHAMPVA) GROUP HEALTH PLAN (Group Health Plan) FECA BENEFIT (FECA BENEFIT) OTHER (Other) 1a. INSURED'S I.D. NUMBER (For Program in Item 1) **010101010**

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE (MM/DD/YY) SEX (M/F) 4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) 6. PATIENT RELATIONSHIP TO INSURED (Self/Spouse/Child/Other) 7. INSURED'S ADDRESS (No., Street)

8. RESERVED FOR NUCC USE 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: (a. EMPLOYMENT? (Current or Previous) YES/NO; b. AUTO ACCIDENT? YES/NO; c. OTHER ACCIDENT? YES/NO) 11. INSURED'S POLICY GROUP OR FECA NUMBER (a. INSURED'S DATE OF BIRTH (MM/DD/YY) SEX (M/F); b. OTHER CLAIM ID (Designated by NUCC); c. INSURANCE PLAN NAME OR PROGRAM NAME)

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.) 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) (MM/DD/YY) QUAL. 15. OTHER DATE (MM/DD/YY) QUAL. 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (MM/DD/YY) FROM TO

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (17a. NPI; 17b. NPI) 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES (MM/DD/YY) FROM TO

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.) 22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE (From To) B. PLACE OF SERVICE (CPT/HCPCS) C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) D. DIAGNOSIS (ICD-9-CM) E. CHARGES (F. CHARGES; G. DNR OR UNIT; H. ID. (Firm); I. ID. QUAL.; J. RENDERING PROVIDER ID. #)

25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (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.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE a. NPI b. NPI a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE OMB APPROVAL PENDING

Sample patient information is shown for illustrative purposes only.

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 or call **1-855-ENTYVIO** (1-855-368-9846), Monday through Friday, from 8 AM to 8 PM EST (except holidays), for guidance on completing the form.

INDICATIONS: ENTYVIO (vedolizumab)

Adult Ulcerative Colitis (UC)

Adult patients with moderately to severely active UC who have had an inadequate response with, lost response to, or were intolerant to a tumor necrosis factor (TNF) blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids:

- inducing and maintaining clinical response
- inducing and maintaining clinical remission
- improving endoscopic appearance of the mucosa
- achieving corticosteroid-free remission

Adult Crohn's Disease (CD)

Adult patients with moderately to severely active CD who have had an inadequate response with, lost response to, or were intolerant to a TNF blocker or immunomodulator; or had an inadequate response with, were intolerant to, or demonstrated dependence on corticosteroids:

- achieving clinical response
- achieving clinical remission
- achieving corticosteroid-free remission

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 have occurred. Allergic reactions including dyspnea, bronchospasm, urticaria, flushing, rash, and increased blood pressure and heart rate have also been observed. If anaphylaxis or other serious allergic reactions occur, discontinue administration of ENTYVIO immediately and initiate appropriate treatment.

Reference: 1. Centers for Medicare and Medicaid Services. CMS forms list. <http://cms.gov/medicare/cms-forms/cms-forms/cms-forms-list.html>. Accessed July 22, 2015.

IMPORTANT SAFETY INFORMATION (continued)

- 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.
- Although no cases of PML have been observed in ENTYVIO clinical trials, JC virus infection resulting in progressive multifocal leukoencephalopathy (PML) and death has occurred in patients treated with another integrin receptor antagonist. 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.
- 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 $\geq 3\%$ and $\geq 1\%$ 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 click here to read the full [Prescribing Information](#), including [Medication Guide](#).

ENTYVIO is a trademark of Millennium Pharmaceuticals, Inc., registered with the U.S. Patent and Trademark Office, and is used under license by Takeda Pharmaceuticals America, Inc.

