

Hospital Outpatient Sample UB-04 Claim Form

The UB-04 claim form (also known as CMS-1450) is the standard claim form to bill Medicare Fee-For-Service (FFS). The sample here is intended to educate you on completing the form for billing ENTYVIO and associated services.

- A Revenue Codes | Box 42** List the 4-digit revenue codes in ascending order
- B Description | Box 43** Enter a brief description that corresponds to the revenue code. List applicable NDC
- C Product and Procedure Codes | Box 44** Enter appropriate HCPCS codes for Medicare or other payers. Related Administration Procedure: Use the CPT[®] code representing procedure performed
- D Total Charges | Box 47** Enter the total amount charged for each line of service
- E Diagnosis Code | Box 67** Enter the appropriate ICD-10-CM diagnosis code

Click [here](#) for a UB-04 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; NDC=National Drug Code.

Please see **Important Safety Information on the next page.**

The image shows a sample UB-04 claim form with several callouts:

- A** points to Box 42 (Revenue Codes).
- B** points to Box 43 (Description).
- C** points to Box 44 (Product and Procedure Codes).
- D** points to Box 47 (Total Charges).
- E** points to Box 67 (Diagnosis Code).

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 $\geq 3\%$ and $\geq 1\%$ 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](#).