

HEALTH INSURANCE CLAIM FORM

PHYSICIAN OFFICE

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

PICA _____ PICA _____

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER 1a. INSURED'S I.D. NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) 3. PATIENT'S BIRTH DATE MM DD YY

5. PATIENT'S ADDRESS (No., Street) CITY STATE 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO PREVIOUS SERVICE? YES NO

a. OTHER INSURED'S POLICY OR GROUP NUMBER b. AUTO ACCIDENT? YES NO

b. RESERVED FOR NUCC USE c. OTHER ACCIDENT? YES NO

c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME 10d. CLAIM CODES (Designated by NUCC)

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E)

A. C64.X B. C. D. E. F. G. H. I. J. K.

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. SERVICE	D. PROCEDURES, SERVICES, OR SUPPLIES	POINTER	\$ CHARGES	UNITS	PLN	QUAL.	PROVIDER ID. #
MM DD YY	MM DD YY	SERVICE	EMG CPT/HCPCS MODIFIER						
			J9023	A				NPI	
			96413	A		1		NPI	

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. SERVICE D. PROCEDURES, SERVICES, OR SUPPLIES

ACCEPT ASSIGNMENT (For govt. claim) YES NO

SIGNED _____ DATE _____

BOX 19 (Electronic claim form: Loop 2400)

Select payers may require specific information in this remarks field, such as NDC code or other information as specified by the payer.

BOX 21 (Electronic claim form: Loop 2300, Segment HI)

Enter the appropriate primary diagnosis code from the patient's medical record in Item 21A. For example, renal cell carcinoma is most commonly described by ICD-10-CM series C64, and C65. Urothelial carcinoma is most commonly described by ICD-10-CM series C67, C66, C65, and C68.0. Merkel cell carcinoma is described by ICD-10-CM series C4A. Use Item 21B-L to report any applicable secondary diagnosis(es).

Example ICD-10-CM code shown; report the ICD-10-CM code(s) that reflect the patient's actual condition. The reported ICD-10-CM code(s) should reflect the highest level of specificity.

BOX 24A-B (Electronic claim form: BOX 24a: Loop 2400, Segment DTP BOX 24b: Loop 2300/2400, Segment CLM/SV)

Enter the date of service and the appropriate place of service code.

BOX 24E (Electronic claim form: Loop 2400, Segment SV)

Specify the diagnosis from Box 21 that corresponds to the product or procedure listed in Box 24D.

BOX 24F (Electronic claim form: Loop 2400, Segment SV102)

Enter the total charge for each line item.

BOX 24D (Electronic claim form: Loop 2400, Segment SV)

Enter the appropriate HCPCS code for BAVENCIO:
J9023 - Injection, avelumab, 10 mg (effective for dates of service on or after January 1, 2018)^a
 If applicable, discarded product should be reported on a separate line with the HCPCS code and JW modifier.^b

Enter the appropriate CPT code for the administration service. For example, a 60-minute chemotherapy IV infusion would be reported with CPT code 96413 - *Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug.*

BOX 24G (Electronic claim form: Loop 2400, Segment SV)

Enter the number of service units for each line item. For J9023, each unit corresponds to 10 mg of BAVENCIO. One 200 mg single-dose vial would be reported with 20 units. Four 200 mg single-dose vials (800 mg = recommended dosage) would be reported with 80 units.

If applicable for the patient encounter, and required by the payer, enter the number of units discarded, corresponding with the line item with the JW modifier.

^aSource: Centers for Medicare and Medicaid Services, 2018 Alpha-Numeric Healthcare Common Procedure Coding System File, November 2017.
^bBeginning January 1, 2017, Medicare claims require the use of the JW modifier (drug amount discarded/not administered to any patient) when applicable. (Source: Centers for Medicare and Medicaid Services, Transmittal R3538CP: JW Modifier—Drug amount discarded/not administered to any patient.) Other payers may have similar requirements.
 It is always the provider's responsibility to determine the appropriate healthcare setting and to submit true and correct claims for products and services rendered. EMD Serono, Inc. and Pfizer Inc do not guarantee coverage and/or reimbursement for BAVENCIO. Coverage, coding, and reimbursement policies vary significantly by payer, patient, and setting of care.
 Actual coverage and reimbursement decisions are made by individual payers following receipt of claims. Patients and healthcare professionals should always verify coverage, coding, and reimbursement guidelines on a payer- and patient-specific basis.
 Please contact CoverOne® at 1-844-8COVER1 (844-826-8371) for support with payer-specific BAVENCIO questions, or assistance verifying insurance benefits for a specific patient.