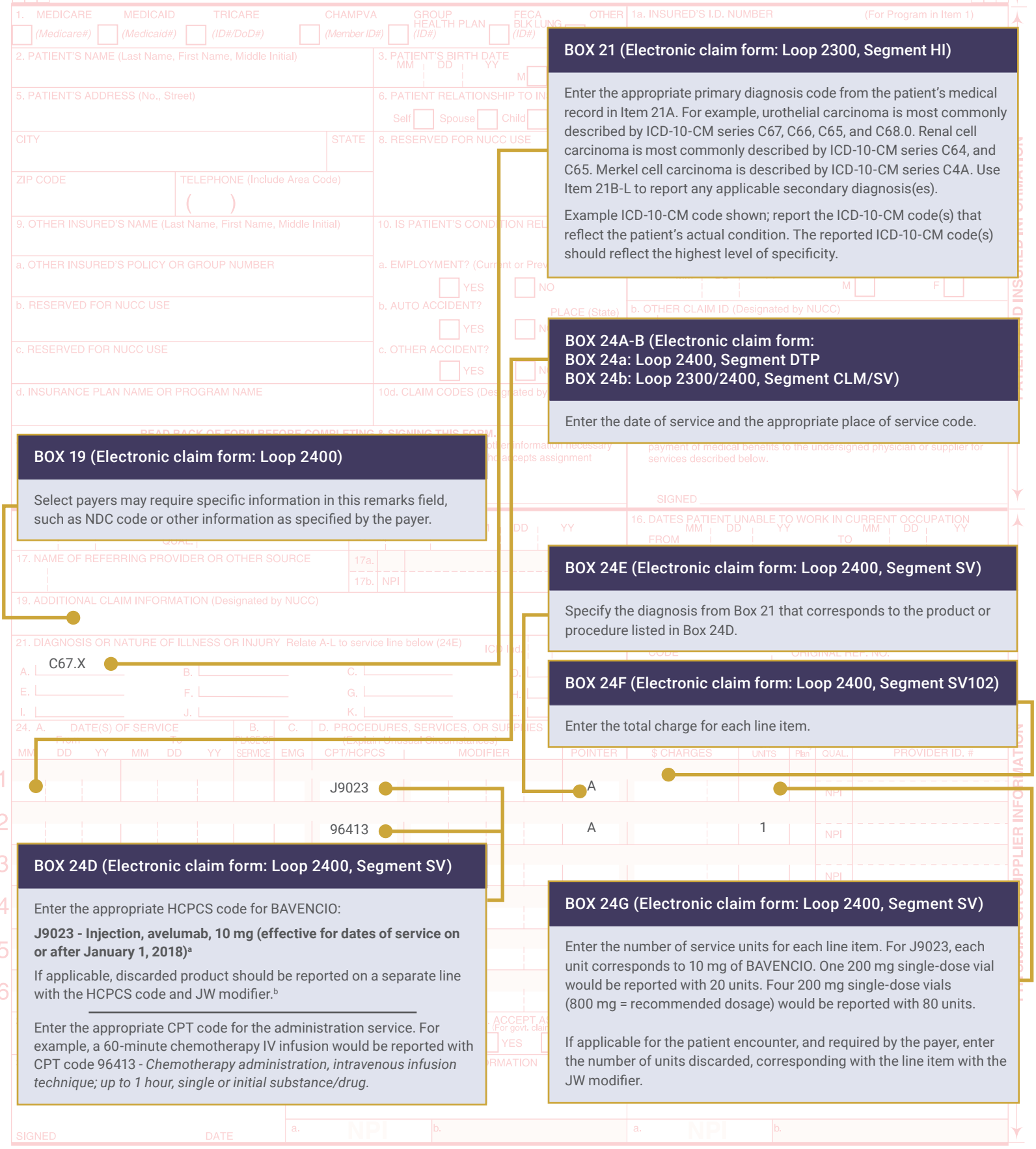
SAMPLE CMS-1500 Claim Form for BAVENCIO® (avelumab) Injection 20 mg/mL

CoverOne®

PHYSICIAN OFFICE



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, urothelial carcinoma is most commonly described by ICD-10-CM series C67, C66, C65, and C68.0. Renal cell carcinoma is most commonly described by ICD-10-CM series C64, and C65. 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 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 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 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.

[a]Source: Centers for Medicare and Medicaid Services, 2020 Alpha-Numeric Healthcare Common Procedure Coding System File, November 2019.

[b]Beginning 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.