

Annotated CMS-1500¹

This annotated claims form may be used as a reference when billing for BRIUMVI and its administration

Field 17b:
Indicate the appropriate NPI number.

Field 19: Include information about the product (e.g., name of drug, NDC if appropriate, total dose, strength of dose if appropriate, method of administration).

Field 21: Indicate the appropriate diagnosis code.

Field 24D: For BRIUMVI injection for IV, use the HCPCS code required by the payer. Also include appropriate codes to report drug administration procedures. NOTE: For BRIUMVI obtained through a specialty pharmacy, report the drug administration codes here. Check with the payer to identify how to report the drug that was administered if needed.

Field 23: If required, report PA number here.

Field 24G: Indicate the appropriate HCPCS and/or CPT® code units. Check with the payer regarding the appropriate units of service, as some payers require that NOC drugs be billed as one unit of service.

The image shows a standard CMS-1500 Health Insurance Claim Form with several fields highlighted by red boxes and callouts. The callouts are as follows:

- Field 17b:** Points to the NPI field in the bottom right section of the form.
- Field 19:** Points to the 'Other Insurance' section (Items 9-11) on the left side.
- Field 21:** Points to the 'Diagnosis' section (Items 21-24) in the middle of the form.
- Field 23:** Points to the 'Prior Authorization' field (Item 23) on the right side.
- Field 24G:** Points to the 'Procedure' section (Items 24-26) at the bottom of the form.

The form itself contains various sections for patient information, insurance details, diagnosis codes, and procedure codes. It is titled 'HEALTH INSURANCE CLAIM FORM' and includes a QR code in the top left corner.

The suggestions contained on this form are compiled from sources believed to be accurate for payers, including the Medicare Part B program, but TG makes no representation that the information is accurate or that it will comply with the requirements of any particular payer or MAC. You are solely responsible for determining the billing and coding requirements applicable to any particular payer or MAC. Diagnosis codes should be selected only by a health care professional. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. Billing and coding requirements may vary or change over time, so it is important to regularly check these requirements with each payer or MAC. TG and its agents make no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use and caution that changes in public and private payer billing requirements occur frequently. The use of this information does not guarantee payment or that any payment received will cover your costs.

CMS, Centers for Medicare & Medicaid Services; CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; IV, Intravenous; MAC, Medicare Administrative Contractor; NOC, Not Otherwise Classified; NPI, National Provider Identification; PA, Prior Authorization.

REFERENCES

1. CMS Forms CMS-1500. CMS.gov. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1500.pdf>. Accessed December 6, 2022.

If you have questions about reimbursement support, contact an
Access and Reimbursement Manager or BRIUMVI Patient Support
by calling 1-833-BRIUMVI (1-833-274-8684), Monday-Friday 8 AM to 8 PM EST



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