

# Annotated CMS-1450/UB-04<sup>1</sup>

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

**Field 42:** Include appropriate revenue codes.

**Field 43:** In the shaded area, list the N4 indicator, the 11-digit NDC (e.g., 73150015006), and the unit of measure qualifier (e.g., ML6, ML18). In the non-shaded area, list the date of service.

**Field 44:** Enter the appropriate HCPCS code J2329 for BRIUMVI and/or CPT codes for administration as required by the payer.

**Field 67:** Indicate the appropriate diagnosis code.

**Field 80:** Include information about the product (e.g., name of drug, NDC if appropriate, total dose, strength of dose, method of administration).

**Field 46:** Indicate the appropriate units (e.g., 150 for 150 mg, 450 for 450 mg).

**Field 56:** Indicate the appropriate NPI number.

**Field 63:** If applicable, report the PA number here.

The image shows a standard CMS-1450/UB-04 claim form with several callout boxes pointing to specific fields. The callouts are as follows:

- Field 42:** Points to the shaded area for revenue codes (fields 31-37).
- Field 43:** Points to the shaded area for N4 indicator, NDC, and unit of measure (fields 42-43).
- Field 44:** Points to the shaded area for HCPCS and CPT codes (fields 44-45).
- Field 46:** Points to the shaded area for units (field 46).
- Field 56:** Points to the shaded area for NPI number (field 56).
- Field 63:** Points to the shaded area for PA number (field 63).
- Field 67:** Points to the shaded area for diagnosis code (field 67).
- Field 80:** Points to the shaded area for remarks (field 80).

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 any party's 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; MAC, Medicare Administrative Contractor; NDC, National Drug Code; NPI, National Provider Identifier.

## REFERENCES

1. Electronic Billing CMS-1450. CMS.gov. [https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15\\_1450](https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450) Accessed June 8, 2023.

**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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