

Sample annotated CMS-1500 form^{1*}



The CMS-1500 form is commonly used for billing for LIBTAYO when it is administered in physician offices. The annotations in the sample form below are designed to provide you with information about how to populate some critical fields that health plans may require for LIBTAYO reimbursement.

This sample claim form is intended for informational purposes only. The information provided is subject to change and should not be construed as billing advice. Use of the information provided does not guarantee reimbursement. Providers are responsible for ensuring the accuracy of all claims submitted. Please confirm the accuracy of the codes you use to bill for LIBTAYO with each payer.

21
Indicate appropriate diagnosis using ICD-10-CM codes

24A
Enter a 6-digit or 8-digit (month-date-year) date for each procedure, service, or supply. Include NDC information, if required, in the shaded red areas above each date

24B
Enter the appropriate place of service code(s)

24D
Add the appropriate, specific CPT and HCPCS level 2 codes and modifiers for procedures, services, and supplies. Enter the specific procedure code without a narrative description. In addition, Medicare and most payers require waste to be reported. Enter HCPCS code J9119 and use modifier JZ to indicate no wastage^{1,2}

24E
Enter the diagnosis code reference number or letter (as appropriate, per form version) as shown in item 21 to relate the date of service and the procedures performed to the primary diagnosis. Enter only 1 reference number/letter per line item. If multiple services were performed, enter the primary reference number/letter for each service

24G
Enter the number of units of LIBTAYO administered

The image shows a sample CMS-1500 Health Insurance Claim Form with various fields annotated. A QR code is located in the top left corner. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes the text "APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12". The form is divided into several sections: "CARRIER" information at the top, "PATIENT AND INSURED INFORMATION" in the middle, and "PHYSICIAN OR SUPPLIER INFORMATION" at the bottom. The form includes fields for patient name, address, date of birth, sex, insurance policy number, and other identifying information. It also includes a section for procedures, services, or supplies, with columns for date of service, procedure code, modifier, diagnosis code, and charges. The form is annotated with callouts for items 21, 24A, 24B, 24D, 24E, and 24G, which correspond to the text blocks on the left. The form is marked with "SAMPLE" in large, semi-transparent letters across the center.

*CMS 837P (not shown) is the electronic equivalent of CMS-1500. It should be used if you submit your claims electronically.

CMS=Centers for Medicare & Medicaid Services; 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.



Sample annotated CMS UB-04 form^{3*}



The CMS UB-04 form is commonly used for billing for LIBTAYO when it is administered in hospital outpatient settings. The annotations in the sample form below are designed to provide you with information about how to populate some critical fields that health plans may require for LIBTAYO reimbursement.

This sample claim form is intended for informational purposes only. The information provided is subject to change and should not be construed as billing advice. Use of the information provided does not guarantee reimbursement. Providers are responsible for ensuring the accuracy of all claims submitted. Please confirm the accuracy of the codes you use to bill for LIBTAYO with each payer.

42

List revenue codes in ascending order. Be sure to enter the appropriate numeric revenue code on the adjacent line in box 42 to explain each charge in box 47

43

Provide a narrative description or standard abbreviation for each revenue code shown in box 42 on the adjacent line in box 43. Enter an 11-digit NDC if required. Some payers require the qualifier "N4" when entering an NDC code, usually when filing a paper claim

44

Enter the appropriate CPT and HCPCS codes and modifiers for procedures, services, and supplies, as required by the specific payer. Medicare and most payers require waste to be reported. Enter HCPCS code J9119 and use modifier JZ to indicate no wastage^{2,3}

46

Indicate the number of LIBTAYO service units administered

67

Enter the specific ICD-10-CM diagnosis code(s)

80

Add further information to box 44 or its electronic equivalent *only* when an "unlisted procedure" code or "not otherwise classified" code must be used

*CMS 837I (not shown) is the electronic equivalent of CMS-1450/UB-04. It should be used if you submit your claims electronically.

References: 1. Centers for Medicare & Medicaid Services. Medicare claims processing manual. Chapter 26: completing and processing form CMS-1500 data set. Updated December 14, 2023. Accessed March 19, 2024. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf> 2. Centers for Medicare & Medicaid Services. Medicare Program. Discarded drugs and biologicals JW modifier and JZ modifier policy. Frequently asked questions. Accessed March 19, 2024. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 3. Centers for Medicare & Medicaid Services. Medicare claims processing manual. Chapter 25: completing and processing the form CMS-1450 data set. Updated December 20, 2023. Accessed March 19, 2024. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>

For any questions or concerns, or to report side effects with a Regeneron product for patients enrolled in LIBTAYO Surround, please contact LIBTAYO Surround at **1.877.LIBTAYO** (1.877.542.8296) **Option 1**, Monday–Friday, 8 AM–8 PM Eastern time.

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