

Niktimvo™ (axatilimab-csfr) Example CMS-1500 Claim Form Physician Office Setting

This example form is provided for guidance and reference only.

Niktimvo and the associated services provided in a physician's office are billed on the CMS-1500 Claim Form or its electronic equivalent. An example CMS-1500 Claim Form for billing Niktimvo is provided below. It is always the provider's responsibility to determine the appropriate healthcare setting, and to submit true and correct claims for the products and services rendered. **Incyte cannot guarantee payment of any claim and providers should contact third-party payers for specific information on their coding, coverage, and payment policies as needed.**

Box 19

Payers require drug name, route of administration, NDC, and total dosage
Check with your payer to verify specific requirements, including use of the 10-digit or 11-digit NDC

Box 21

Enter appropriate diagnosis code(s)

Box 24 A-B

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

Box 24 D

Enter the appropriate HCPCS, CPT®, and modifier codes. For example:

- ▶ Drug - J9999 (Not Otherwise Classified, Antineoplastic Drugs)
 - ▶ Administration - 96413
 - ▶ Modifier - Discarded product should be reported on a separate line using the JW modifier
- Include the JZ modifier if no amount of drug was discarded

Box 24 E

Specify the diagnosis, from Box 21, that relates to the drug or procedure listed in Box 24 D

Box 24 G

Enter the number of service units for each line item

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

PICA PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoDt) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BILLING (ID#) OTHER (ID#)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)

3. PATIENT'S BIRTH DATE MM | DD | YY SEX M F

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. RESERVED FOR NUCC USE

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.

13. INSURED'S DATE OF BIRTH MM | DD | YY SEX M F

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM | DD | YY QUAL. 19

15. OTHER DATE MM | DD | YY QUAL. 21

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

17. NAME OF REFERRING PROVIDER NAME 17A. N 17B. N

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM | DD | YY TO MM | DD | YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO \$ CHARGES

21. DIAGNOSIS OR NATURE OF I LINE S OR INJURY Relate A-L to service line below. (24E) ICD Ind. 22. RESUBMISSION REF. NO.

23. AUTHORITY 24 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

24. A. DATE(S) OF SERVICE From MM | DD | YY To MM | DD | YY B. PLACE OF SERVICE EMG C. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER 24 D 24 E 24 F 24 G 24 H 24 I 24 J 24 K 24 L 24 M 24 N 24 O 24 P 24 Q 24 R 24 S 24 T 24 U 24 V 24 W 24 X 24 Y 24 Z E. DIAGNOSIS POINTER F. \$ CHARGES G. NDC OR UNITS H. POINTS PER I. ID. QUAL. J. RENDERING PROVIDER ID. #

25. FEDERAL TAX ID. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (If not, attach explanation) YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. Rvld for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # ()

SIGNED DATE a. NPI b. NPI a. NPI b. NPI

NUCC Instruction Manual available at: www.nucc.org

CPT®, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; NDC, National Drug Code.



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