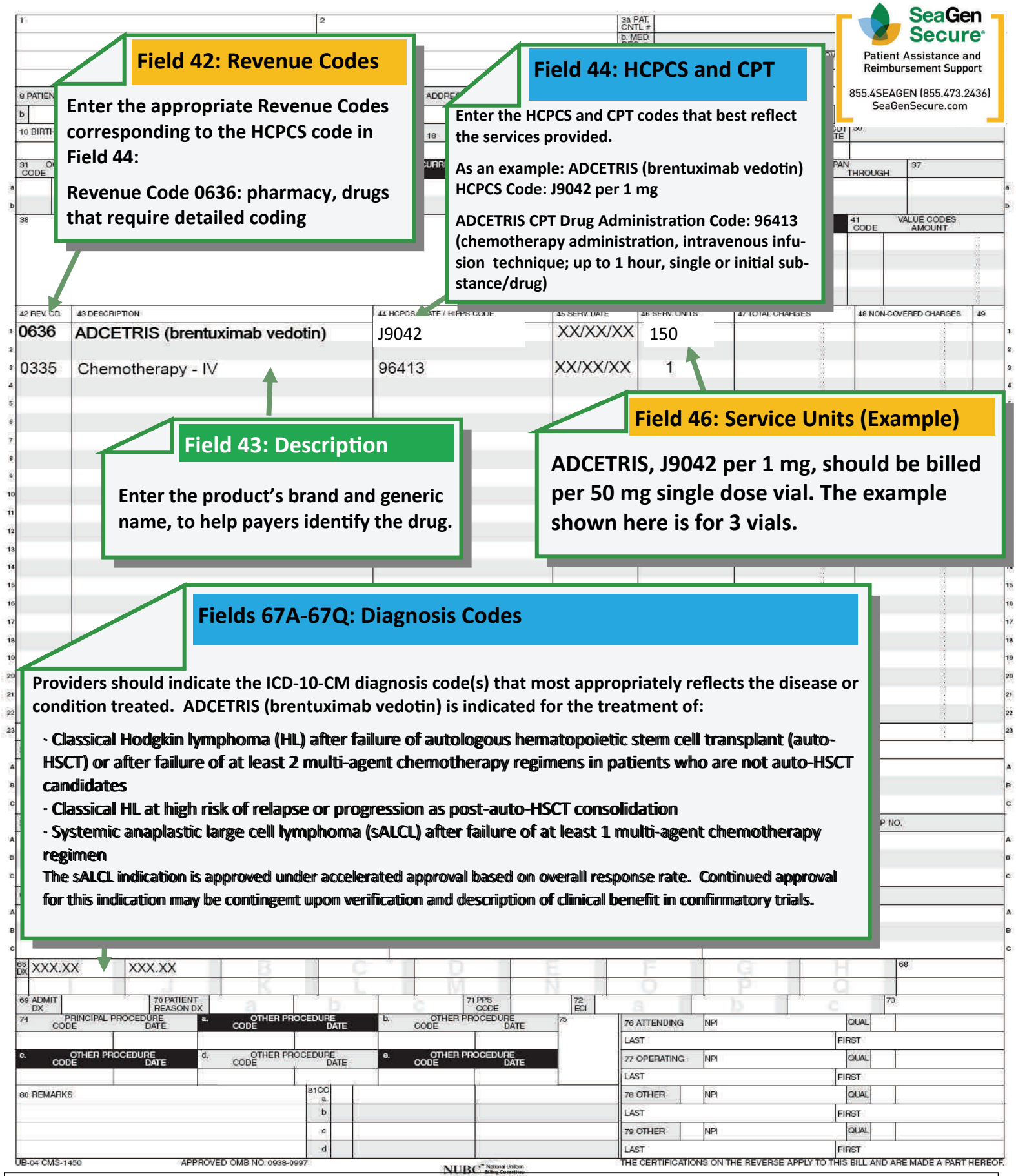
ADCETRIS® (brentuximab vedotin) for injection Sample CMS 1450 Claim Form Hospital Outpatient Services (Beginning Oct. 1, 2015)



Field 42: Revenue Codes

Enter the appropriate Revenue Codes corresponding to the HCPCS code in Field 44:

Revenue Code 0636: pharmacy, drugs that require detailed coding

Field 44: HCPCS and CPT

Enter the HCPCS and CPT codes that best reflect the services provided.

As an example: ADCETRIS (brentuximab vedotin) HCPCS Code: J9042 per 1 mg

ADCETRIS CPT Drug Administration Code: 96413 (chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug)

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42 REV. CD.	43 DESCRIPTION	44 HCPCS	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
0636	ADCETRIS (brentuximab vedotin)	J9042	XX/XX/XX	150		
0335	Chemotherapy - IV	96413	XX/XX/XX	1		

Field 43: Description

Enter the product's brand and generic name, to help payers identify the drug.

Field 46: Service Units (Example)

ADCETRIS, J9042 per 1 mg, should be billed per 50 mg single dose vial. The example shown here is for 3 vials.

Fields 67A-67Q: Diagnosis Codes

Providers should indicate the ICD-10-CM diagnosis code(s) that most appropriately reflects the disease or condition treated. ADCETRIS (brentuximab vedotin) is indicated for the treatment of:

- **Classical Hodgkin lymphoma (HL) after failure of autologous hematopoietic stem cell transplant (auto-HSCT) or after failure of at least 2 multi-agent chemotherapy regimens in patients who are not auto-HSCT candidates**
- **Classical HL at high risk of relapse or progression as post-auto-HSCT consolidation**
- **Systemic anaplastic large cell lymphoma (sALCL) after failure of at least 1 multi-agent chemotherapy regimen**

The sALCL indication is approved under accelerated approval based on overall response rate. Continued approval for this indication may be contingent upon verification and description of clinical benefit in confirmatory trials.

66 DX: XXX.XX | XXX.XX

UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

This document is provided by Seattle Genetics as general guidance only. Coverage, coding and payment may vary by payer, plan, and treatment setting. Providers should consult with payers to confirm required documentation. It is the sole responsibility of the provider to ensure accuracy of coding and documentation on claim forms. Please contact SeaGen Secure at 855.4SEAGEN (855.473.2436), Option 1 for reimbursement support and patient assistance.

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