

# Sample ADCETRIS® (brentuximab vedotin) CMS 1500 Claim Form

The new CMS 1500 (02-12) must be used for DOS after April 1, 2014

Please contact SeaGen Secure at 855.4SEAGEN (855.473.2436), Option 1 with questions.



Patient Assistance and Reimbursement Support



## HEALTH INSURANCE CLAIM FORM

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

<input type="checkbox"/> PICA										<input type="checkbox"/> PICA																			
1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK LUNG <input type="checkbox"/> OTHER <input type="checkbox"/> (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)										1a. INSURED'S I.D. NUMBER (For Program in Item 1)																			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Tyler, Blake J.										3. PATIENT'S BIRTH DATE MM DD YY M SEX F										4. INSURED'S NAME (Last Name, First Name, Middle Initial)									
5. PATIENT'S ADDRESS (No., Street) 1234 Anywhere Street										6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/>										7. INSURED'S ADDRESS (No., Street)									
CITY San Diego										STATE CA										8. RESERVED FOR NUCC USE									
ZIP CODE 90210										TELEPHONE (Include Area Code) ( )										9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)									
10. IS PATIENT...										a. OTHER INSURED'S POLICY OR GROUP NUMBER										a. EP...									
b. RESERVED FOR NUCC USE										b. AL...										c. O...									
c. RESERVED FOR NUCC USE										d. INSURAN...										10d.									
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-K to service line xyz.xy										24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPICPT Family Plan I. ID. QUAL. J. RENDERING PROVIDER ID. #									
1. N451144005001 brentuximab vedotin MG										11 J9042 1 150 NPI										11 96413 1 1 NPI									
2.										3.										4.									
5.										6.										7.									
8.										9.										10.									
11.										12.										13.									
14.										15.										16.									
17.										18.										19.									
20.										21.										22.									
23.										24.										25.									
26.										27. ACCEPT ASSIGNMENT (For gov. claims, use) YES <input type="checkbox"/> NO <input type="checkbox"/>										28.									

**Box 21: Diagnosis or Nature of Illness or Injury**

Enter the ICD-10-CM diagnosis code that most appropriately reflects the condition treated. ADCETRIS® (brentuximab vedotin) for injection 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 multiagent 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 multiagent 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.

**Note: Providers should code the five-digit level of specificity**

**Box 24 A: NDC**

Include the NDC for ADCETRIS after the N4 qualifier:  
 Example: N451144005001 brentuximab vedotin MG (see below)

**Box 24D: Procedures, Services or Supplies**

Enter the HCPCS and CPT code(s) that reflect the administration of ADCETRIS:

J9042 (inj. brentuximab vedotin per 1 mg)

96413 Chemotherapy administration, intravenous infusion technique; up to 1 hour, single or initial substance/drug

**Box 24G: Days or Units**

ADCETRIS should be billed per mg based on the totals vials administered.

Example: (3, 50 mg vials are billed as 150 mg)

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 ADCETRIS reimbursement support and patient assistance questions.