

EPKINLY[®] (epcoritamab-bysp)

Physician's Office Claim Form (Sample CMS 1500)

This sample form is provided for informational purposes only. The accurate completion of claims documentation is the responsibility of the provider. Genmab and AbbVie do not guarantee reimbursement for any services or product.

1	21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. ☐										22. RESUBMISSION CODE		ORIGINAL REF. NO.	
	A. _____		B. _____		C. _____		D. _____							
	E. _____		F. _____		G. _____		H. _____							
	I. _____		J. _____		K. _____		L. _____							
											23. PRIOR AUTHORIZATION NUMBER			
	24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY			B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINT	F. CHARGES	G. DAYS OR UNITS	H. DAYS OR UNITS	I. ID. UAL	J. RENDERING PROVIDER ID. #	
1	2					3		4						
2												NPI		
3												NPI		
4												NPI		

1. MEDICARE MEDICAID TRICARE		2. EMPLOYER'S EL NUMBER (For Program in Item 1)	
3. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
5. PATIENT'S ADDRESS (No. Street)		6. INSURED'S ADDRESS (No. Street)	
7. CITY		8. CITY	
9. STATE		10. STATE	
11. ZIP CODE		12. ZIP CODE	
13. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		14. INSURED'S POLICY GROUP OR POLICY NUMBER	
15. PATIENT'S CONDITION RELATED TO:		16. INSURED'S DATE OF BIRTH	
17. EMPLOYMENT (Current or Previous)		18. SEX	
19. AUTO ACCIDENT?		20. OTHER CLAIM # (Designated by NUCC)	
21. INSURANCE PLAN NAME OR PROGRAM NAME		22. INSURANCE PLAN NAME OR PROGRAM NAME	
23. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (MM/DD/YYYY)		24. DATE PATIENT UNABLE TO WORK IN CURRENT OCCUPATION (MM/DD/YYYY)	
25. DATE OF REPORTING PROVIDER ON OTHER SOURCE (MM/DD/YYYY)		26. DATE OF REPORTING PROVIDER ON OTHER SOURCE (MM/DD/YYYY)	
27. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		28. OUTSIDE LAY	
29. DATE OF SERVICE (MM/DD/YYYY)		30. DATE OF SERVICE (MM/DD/YYYY)	
31. DATE OF SERVICE (MM/DD/YYYY)		32. DATE OF SERVICE (MM/DD/YYYY)	
33. DATE OF SERVICE (MM/DD/YYYY)		34. DATE OF SERVICE (MM/DD/YYYY)	
35. DATE OF SERVICE (MM/DD/YYYY)		36. DATE OF SERVICE (MM/DD/YYYY)	
37. DATE OF SERVICE (MM/DD/YYYY)		38. DATE OF SERVICE (MM/DD/YYYY)	
39. DATE OF SERVICE (MM/DD/YYYY)		40. DATE OF SERVICE (MM/DD/YYYY)	
41. DATE OF SERVICE (MM/DD/YYYY)		42. DATE OF SERVICE (MM/DD/YYYY)	
43. DATE OF SERVICE (MM/DD/YYYY)		44. DATE OF SERVICE (MM/DD/YYYY)	
45. DATE OF SERVICE (MM/DD/YYYY)		46. DATE OF SERVICE (MM/DD/YYYY)	
47. DATE OF SERVICE (MM/DD/YYYY)		48. DATE OF SERVICE (MM/DD/YYYY)	
49. DATE OF SERVICE (MM/DD/YYYY)		50. DATE OF SERVICE (MM/DD/YYYY)	
51. DATE OF SERVICE (MM/DD/YYYY)		52. DATE OF SERVICE (MM/DD/YYYY)	
53. DATE OF SERVICE (MM/DD/YYYY)		54. DATE OF SERVICE (MM/DD/YYYY)	
55. DATE OF SERVICE (MM/DD/YYYY)		56. DATE OF SERVICE (MM/DD/YYYY)	
57. DATE OF SERVICE (MM/DD/YYYY)		58. DATE OF SERVICE (MM/DD/YYYY)	
59. DATE OF SERVICE (MM/DD/YYYY)		60. DATE OF SERVICE (MM/DD/YYYY)	
61. DATE OF SERVICE (MM/DD/YYYY)		62. DATE OF SERVICE (MM/DD/YYYY)	
63. DATE OF SERVICE (MM/DD/YYYY)		64. DATE OF SERVICE (MM/DD/YYYY)	
65. DATE OF SERVICE (MM/DD/YYYY)		66. DATE OF SERVICE (MM/DD/YYYY)	
67. DATE OF SERVICE (MM/DD/YYYY)		68. DATE OF SERVICE (MM/DD/YYYY)	
69. DATE OF SERVICE (MM/DD/YYYY)		70. DATE OF SERVICE (MM/DD/YYYY)	
71. DATE OF SERVICE (MM/DD/YYYY)		72. DATE OF SERVICE (MM/DD/YYYY)	
73. DATE OF SERVICE (MM/DD/YYYY)		74. DATE OF SERVICE (MM/DD/YYYY)	
75. DATE OF SERVICE (MM/DD/YYYY)		76. DATE OF SERVICE (MM/DD/YYYY)	
77. DATE OF SERVICE (MM/DD/YYYY)		78. DATE OF SERVICE (MM/DD/YYYY)	
79. DATE OF SERVICE (MM/DD/YYYY)		80. DATE OF SERVICE (MM/DD/YYYY)	
81. DATE OF SERVICE (MM/DD/YYYY)		82. DATE OF SERVICE (MM/DD/YYYY)	
83. DATE OF SERVICE (MM/DD/YYYY)		84. DATE OF SERVICE (MM/DD/YYYY)	
85. DATE OF SERVICE (MM/DD/YYYY)		86. DATE OF SERVICE (MM/DD/YYYY)	
87. DATE OF SERVICE (MM/DD/YYYY)		88. DATE OF SERVICE (MM/DD/YYYY)	
89. DATE OF SERVICE (MM/DD/YYYY)		90. DATE OF SERVICE (MM/DD/YYYY)	
91. DATE OF SERVICE (MM/DD/YYYY)		92. DATE OF SERVICE (MM/DD/YYYY)	
93. DATE OF SERVICE (MM/DD/YYYY)		94. DATE OF SERVICE (MM/DD/YYYY)	
95. DATE OF SERVICE (MM/DD/YYYY)		96. DATE OF SERVICE (MM/DD/YYYY)	
97. DATE OF SERVICE (MM/DD/YYYY)		98. DATE OF SERVICE (MM/DD/YYYY)	
99. DATE OF SERVICE (MM/DD/YYYY)		100. DATE OF SERVICE (MM/DD/YYYY)	

- Item 21**
Enter appropriate ICD-10-CM diagnosis codes based on the patient's documented medical record.¹
- Item 24A and 24B**
Enter the date of service and the appropriate 2-digit place of service code corresponding to the location where services are rendered (eg, 11 – Physician Office, 19 – Off-Campus Outpatient Hospital, 22 – On-Campus Outpatient Hospital).²
- Item 24D**
Report HCPCS J9321 for EPKINLY. If applicable, discarded product should be reported on a separate line with the JW modifier.⁴ If no drug wastage, append JZ modifier to the HCPCS.⁴ On a separate line, enter the appropriate CPT drug administration code (e.g., 96401).⁵
- Item 24E**
Enter the diagnosis code reference letter or number from Item 21 that relates to the product or procedure listed in Item 24D.²
- Item 24G**
Report billing units here.²

Please see full [Prescribing Information](#), including Boxed Warnings.

References: 1. Centers for Medicare & Medicaid Services (CMS). ICD-10 Codes. 2026 ICD-10 CM & PCS Files. Downloads. Open 2026 Code Tables, Tabular and Index (ZIP). Open icd10cmCodesFile Adobe Acrobat Document. Accessed February 10, 2026. <https://www.cms.gov/medicare/coding-billing/icd-10-codes> 2. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26 - Completing and Processing Form CMS-1500 Data Set. Rev. 12779, Issued: 08-09-24. Accessed February 10, 2026. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/cim104c26.pdf> 3. Centers for Medicare & Medicaid Services (CMS). October 2025 Alpha-Numeric HCPCS File (ZIP). Open Zip File. Open HCPC2025_OCT_ANWEB_v4. Accessed February 10, 2026. <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/quarterly-update> 4. Centers for Medicare & Medicaid Services. Medicare Program Discarded Drugs and Biologicals – JW Modifier and JZ Modifier Policy Frequently Asked Questions. Updated December 23, 2025. Accessed February 10, 2026. <https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf> 5. CPT (Current Procedural Terminology). (2026). CPT® 2026 Professional Edition (2026 ed.). American Medical Association.