## **JELMYTO** claim submission checklist





Utilize this checklist to streamline the claim submission process and to ensure complete, timely, and accurate filing for prompt payment. For more comprehensive information on billing and coding for JELMYTO®, please see the JELMYTO Billing and Coding Guide at www.JELMYTO.com/hcp/support.

☐ Ensure all patient information (name, address	DOB, insurance ID) is accurate
☐ Verify the name of the healthcare provider an	
☐ JELMYTO information (as required by the pay	
	, dose, route of administration, NDC (72493-0103-03)
O Additional information in box 19 of CMS-1500 form	n or field 80 of the CMS-1450 (UB-04) form
☐ Diagnosis code(s) (as required by the payer)	
O Primary diagnosis code required for Medicare (as	applicable for other payers)
O Ensure punctuation of codes is correct	
$\square$ Use the correct HCPCS codes and modifier w	here and when appropriate
<ul> <li>Include additional documentation supporting (if requested by the payer)</li> </ul>	medical necessity with the claim form
<ul> <li>Most Medicare carriers do not require additional of processing, additional documents may be request</li> </ul>	documentation upon initial claim submission. However, upon ted
☐ Specify the setting or place of service (POS) with incorrect POS could result in a claim der	codes where the service was provided (services billed nial/rejection), that is:
Office = 11	
O Off-Campus-Outpatient Hospital = 19	
O On-Campus-Outpatient Hospital = 22	
O Ambulatory Surgery Center = 24	
☐ Prior authorization (as required by the payer)	
O Failure to obtain a prior authorization before initial approval number on the form may result in a deni	ating treatment or failure to include the prior authorization ed claim
☐ Claim submitted within the required time fram	ne (as required by the payer)
☐ Track claim submission and provider reimburg	sement
Additional documentation for claim filing	
The following documentation may be requested by pa	yers when processing a claim for JELMYTO:
O Patient medical history	O Prescribing Information
O Physician clinical notes on the patient's condition	O FDA approval letter
and prior treatment for the condition	O Drug purchase invoice
O Letter of medical necessity	
UroGen Support is	here for you and your patients
855-JELMYTO (855-535-6986)	www.JELMYTO.com/hcp/support Contact@UroGenSupport.com

