

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 and National Provider Identifier (NPI)

□ JELMYTO information (as required by the payer)

O CPT code(s), unit(s), drug name, drug description, dose, route of administration, NDC (72493-0103-03)

O Additional information in box 19 of CMS-1500 form 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

Use the correct HCPCS codes and modifier where and when appropriate

Include additional documentation supporting medical necessity with the claim form (if requested by the payer)

O Most Medicare carriers do not require additional documentation upon initial claim submission. However, upon processing, additional documents may be requested

Specify the setting or place of service (POS) codes where the service was provided (services billed with incorrect POS could result in a claim denial/rejection), that is:

O 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 initiating treatment or failure to include the prior authorization approval number on the form may result in a denied claim

Claim submitted within the required time frame (as required by the payer)

Track claim submission and provider reimbursement

Additional documentation for claim filing

The following documentation may be requested by payers when processing a claim for JELMYTO:

O Patient medical history

- O Prescribing Information
- Physician clinical notes on the patient's condition and prior treatment for the condition
- O FDA approval letter
- O Drug purchase invoice

O Letter of medical necessity

UroGen Support is here for you and your patients



