STELARA® Revised 1500 Sample Claim Form

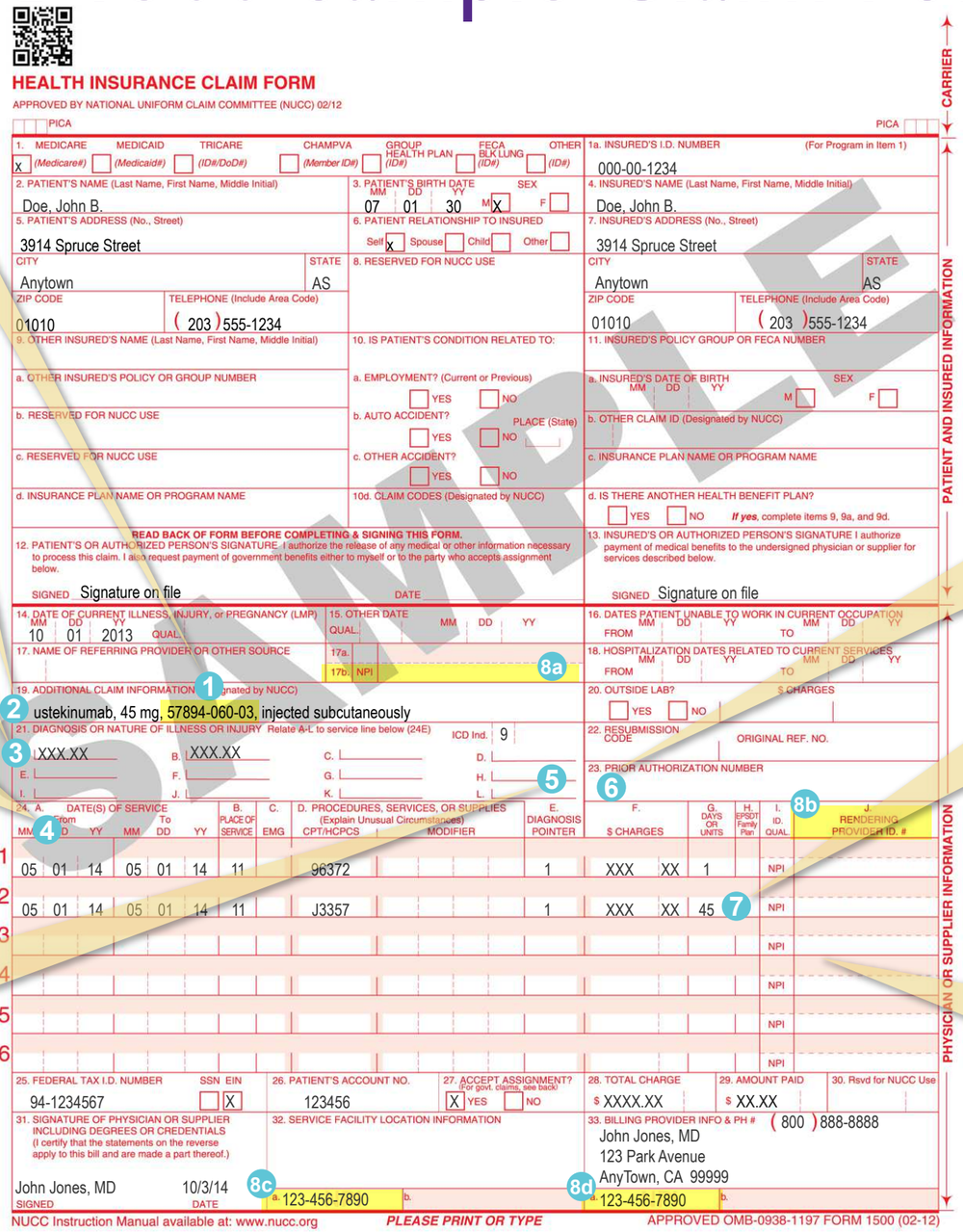
1. Note ⇨ Payers' policies regarding use of the 10-digit NDC format (57894-060-03) or the 11-digit format (57894-0060-03) may vary. Consult your payers or StelaraSupport™ at 1-877-STELARA (1-877-783-5272) to obtain specific coding guidance.

2. Item 19 ⇨ Some payers may ask providers to specify name, dosage strength, NDC, and method of administration. Payer requirements vary. Note: Some payers require alternate product codes. Contact StelaraSupport™ at 1-877-STELARA (1-877-783-5272) to confirm payer-specific coding requirements.

3. Item 21 ⇨ Indicate diagnosis using the appropriate ICD-9-CM code.

4. Item 24D ⇨ Indicate appropriate CPT® and HCPCS codes and modifiers, if required. Be sure to enter the correct CPT® codes by payer. The HCPCS code for STELARA® is J3357, and should be considered equivalent to 1 mg. Consult your local payers for coding policy. Please contact StelaraSupport™ at 1-877-STELARA (1-877-783-5272) to confirm payer requirements.

5. Item 24E ⇨ Refer to the diagnosis for this service (see Item 21).



HEALTH INSURANCE CLAIM FORM

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

PICA — PICA

1. MEDICARE x (Medicare#) | MEDICAID ( ) (Medicaid#) | TRICARE ( ) (ID#/DoD#) | CHAMPVA ( ) (Member ID#) | GROUP HEALTH PLAN ( ) (ID#) | FECA BLK LUNG ( ) (ID#) | OTHER ( ) (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 000-00-1234

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John B.

3. PATIENT'S BIRTH DATE MM DD YY: 07 01 30 — SEX: M x F ( )

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Doe, John B.

5. PATIENT'S ADDRESS (No., Street): 3914 Spruce Street

6. PATIENT RELATIONSHIP TO INSURED: Self x Spouse ( ) Child ( ) Other ( )

7. INSURED'S ADDRESS (No., Street): 3914 Spruce Street

CITY: Anytown — STATE: AS

8. RESERVED FOR NUCC USE

CITY: Anytown — STATE: AS

ZIP CODE: 01010 — TELEPHONE (Include Area Code): (203) 555-1234

ZIP CODE: 01010 — TELEPHONE (Include Area Code): (203) 555-1234

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES ( ) NO ( )

a. INSURED'S DATE OF BIRTH MM DD YY — SEX M ( ) F ( )

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? YES ( ) NO ( ) PLACE (State)

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES ( ) NO x

c. INSURANCE PLAN NAME OR PROGRAM NAME

d. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES ( ) NO ( ) *If yes*, complete items 9, 9a, and 9d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

SIGNED Signature on file — DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED Signature on file

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY: 10 01 2013 QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM — TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI — 8a

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM — TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) — 1

2 ustekinumab, 45 mg, 57894-060-03, injected subcutaneously

20. OUTSIDE LAB? YES ( ) NO ( ) — $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) — ICD Ind. 9

3 A. XXX.XX B. XXX.XX C. D. E. F. G. H. 5 I. J.

22. RESUBMISSION CODE — ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER — 6

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 POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 — 05 01 14 — 05 01 14	11		96372		1	XXX	XX 1		NPI	
2 — 05 01 14 — 05 01 14	11		J3357		1	XXX	XX 45 — 7		NPI	
3									NPI	
4									NPI	
5									NPI	
6									NPI	

4 — 8b

25. FEDERAL TAX I.D. NUMBER: 94-1234567 — SSN ( ) EIN x

26. PATIENT'S ACCOUNT NO.: 123456

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) x YES ( ) NO

28. TOTAL CHARGE: $ XXXX.XX

29. AMOUNT PAID: $ XX.XX

30. Rsvd for NUCC Use

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

John Jones, MD — SIGNED — 10/3/14 DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. 123-456-7890 — 8c — b.

33. BILLING PROVIDER INFO & PH # (800) 888-8888

John Jones, MD
123 Park Avenue
AnyTown, CA 99999

a. 123-456-7890 — 8d — b.

NUCC Instruction Manual available at: www.nucc.org — PLEASE PRINT OR TYPE — APPROVED OMB-0938-1197 FORM 1500 (02-12)

CARRIER — PATIENT AND INSURED INFORMATION — PHYSICIAN OR SUPPLIER INFORMATION

SAMPLE

How Supplied

Dosage	NDC (item 19)	Units (item 24G)
STELARA® 45 mg prefilled syringe	57894-060-03	45
STELARA® 90 mg prefilled syringe	57894-061-03	90
STELARA® 45 mg Vial	57894-060-02	
STELARA® 90 mg Vial	57894-061-02	

6. Item 24F ⇨ Indicate $ charges. Note: When STELARA® is delivered to providers by specialty pharmacies or brought to the office by the patient, enter "$00.00" or "$00.01," with respect to J3357, depending upon payer claims processing system requirements.

7. Item 24G ⇨ Use of the J3357 code to indicate a 1 mg unit of STELARA® may refer to either the 45 mg or 90 mg dosage, depending on the NDC. The proper coding for the 45 mg dose requires 45 1-mg units; the 90 mg dose requires coding that specifies 90 1-mg units. Consult your payers or StelaraSupport™ at 1-877-STELARA (1-877-783-5272) to obtain specific coding guidance.

8a-b. Items 17b, 24J, 32a, 33a ⇨ For proper use of the NPI, please refer to the CMS Internet Only Manual (IOM), Publication 100-04, Medicare Claims Processing, Chapter 26; available at www.cms.hhs.gov/manuals.

Stelara® (ustekinumab)

Please click here to read the **full Prescribing Information** and **Medication Guide** for STELARA®.
Provide the Medication Guide to your patients and encourage discussion.

The information provided on this form is not a guarantee of reimbursement or coverage. The healthcare professional or prescribing physician is responsible for determining and recording the patient's accurate diagnosis and for providing health-related information.

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www.janssenaccessone.com/pages/stelara/index.jsp