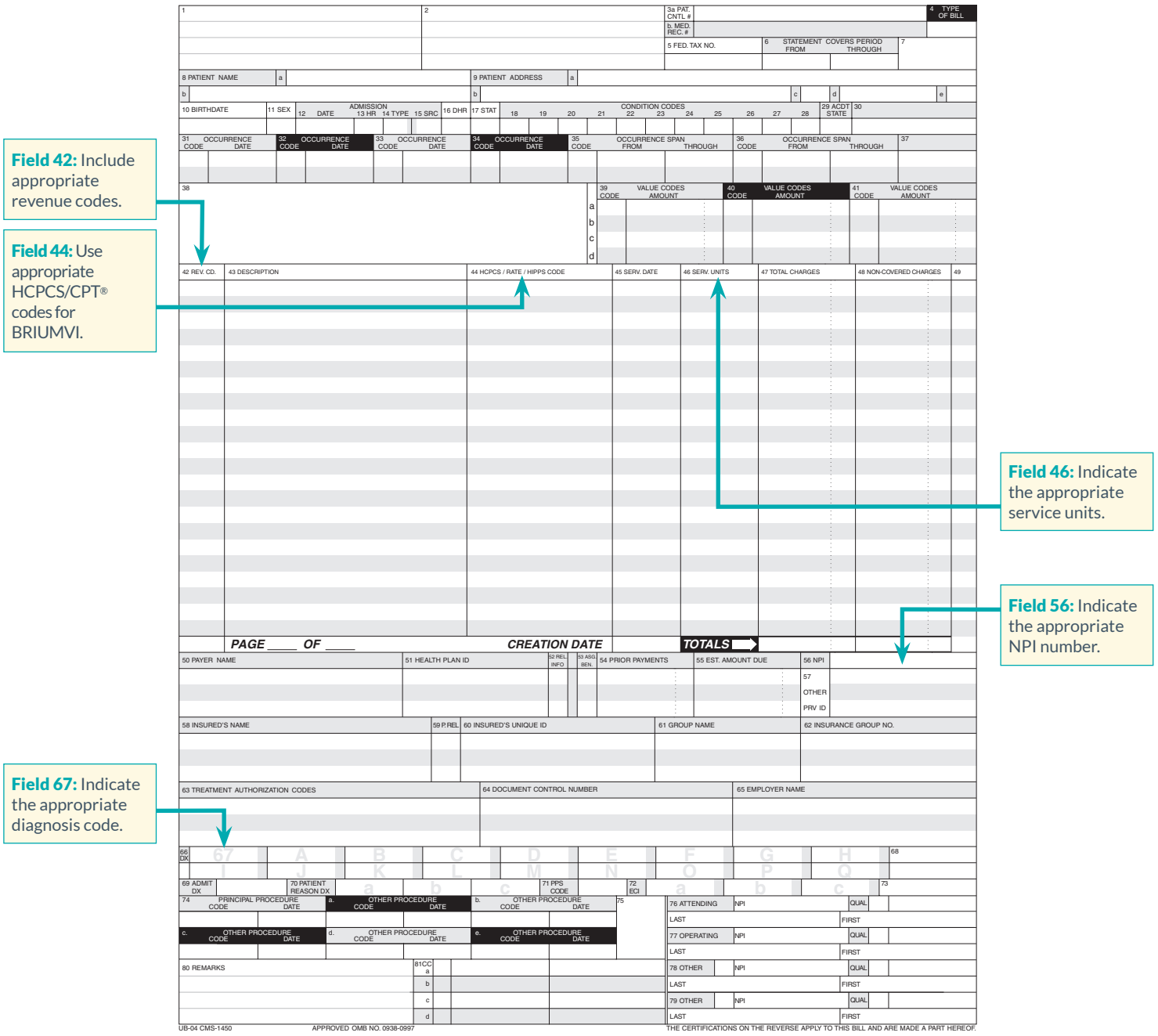
Annotated CMS-1450/UB-04[1]

This annotated claims form may be used as a reference when billing for BRIUMVI and its administration



The suggestions contained on this form are compiled from sources believed to be accurate for payers, including the Medicare Part B program, but TG makes no representation that the information is accurate or that it will comply with the requirements of any particular payer or MAC. You are solely responsible for determining the billing and coding requirements applicable to any particular payer or MAC. Diagnosis codes should be selected only by a health care professional. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. Billing and coding requirements may vary or change over time, so it is important to regularly check these requirements with each payer or MAC. TG and its agents make no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use and caution that changes in public and private payer billing requirements occur frequently. The use of this information does not guarantee payment or that any payment received will cover your costs.

CMS, Centers for Medicare & Medicaid Services; CPT, Current Procedural Terminology; HCPCS, Healthcare Common Procedure Coding System; MAC, Medicare Adminsitrative Contractor; NPI, National Provider Identifier.

REFERENCES

1. Electronic Billing CMS-1450. CMS.gov. https://www.cms.gov/Medicare/Billing/ElectronicBillingEDITrans/15_1450 Accessed December 6, 2022.

If you have questions about reimbursement support, contact an Access and Reimbursement Manager or BRIUMVI Patient Support by calling 1-833-BRIUMVI (1-833-274-8684), Monday-Friday 8 AM to 8 PM EST

TG Therapeutics

12/2022 US-UBL-2200199

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