

## Help your patients manage their Savings Program Benefits

The patient is responsible for submitting a rebate request to Janssen CarePath Savings Program or, at the patient's direction, the provider may submit the rebate request on behalf of the patient. Confirm with your patient who will submit rebate requests to the Savings Program.

### If the patient is submitting a rebate request:

- Patient will need to complete, sign, and submit a Janssen CarePath Rebate Form, including a copy of their Explanation of Benefits (EOB) from their primary insurance provider (as well as any secondary insurance provider, if applicable) and a receipt from their treatment provider indicating proof of payment of their out-of-pocket Janssen medication costs
- Patients may submit rebate requests to the Savings Program via their Patient Account, or by fax or mail

### If the provider is submitting a rebate request on behalf of the patient:

- At your patient's request, you may submit rebate requests to the Janssen CarePath Savings Program on their behalf if your patient has a Patient Assignment of Benefits (AOB) consent on file
- Please ensure that your patient has completed an AOB form and that you have faxed the AOB form to the fax number found on the form, in order for Janssen CarePath to process a rebate claim. The AOB form can be found at [JanssenCarePath.com/HCP/Spravato](https://www.JanssenCarePath.com/HCP/Spravato) or by calling Janssen CarePath at 877-CarePath (877-227-3728)

### Submitting a primary claim:

To submit a **primary claim** on behalf of the patient, providers must follow the instructions on the back of the Janssen CarePath Savings Program card to submit a CMS-1500 (HICF) or Uniform Billing Form—CMS-1450 (UB-04)—**through their electronic billing system.**

### Submitting a secondary claim:

- 1 If you have submitted a primary claim and the claim has a remaining balance of \$10 or more, you may submit a secondary claim.
  - Before you get started, contact your clearinghouse to request that Payer ID# 56155 and 56165 be added to their system, if needed
- 2 Submit **secondary claim** to Janssen CarePath Savings Program using CMS-1500 or UB-04 medical claim forms or electronic versions 837P or 837I (electronic submission is preferred).
  - You will need to submit the primary payer Explanation of Benefits along with the secondary claim form
  - To complete the form, you will need to use medical claims information from the front of patient's Savings Program card
  - You will receive funds for approved claims by check, which will include information on setting up future payments via EFT, if preferred
    - NOTE: If you already receive funds via EFT, you will continue to receive payments that way

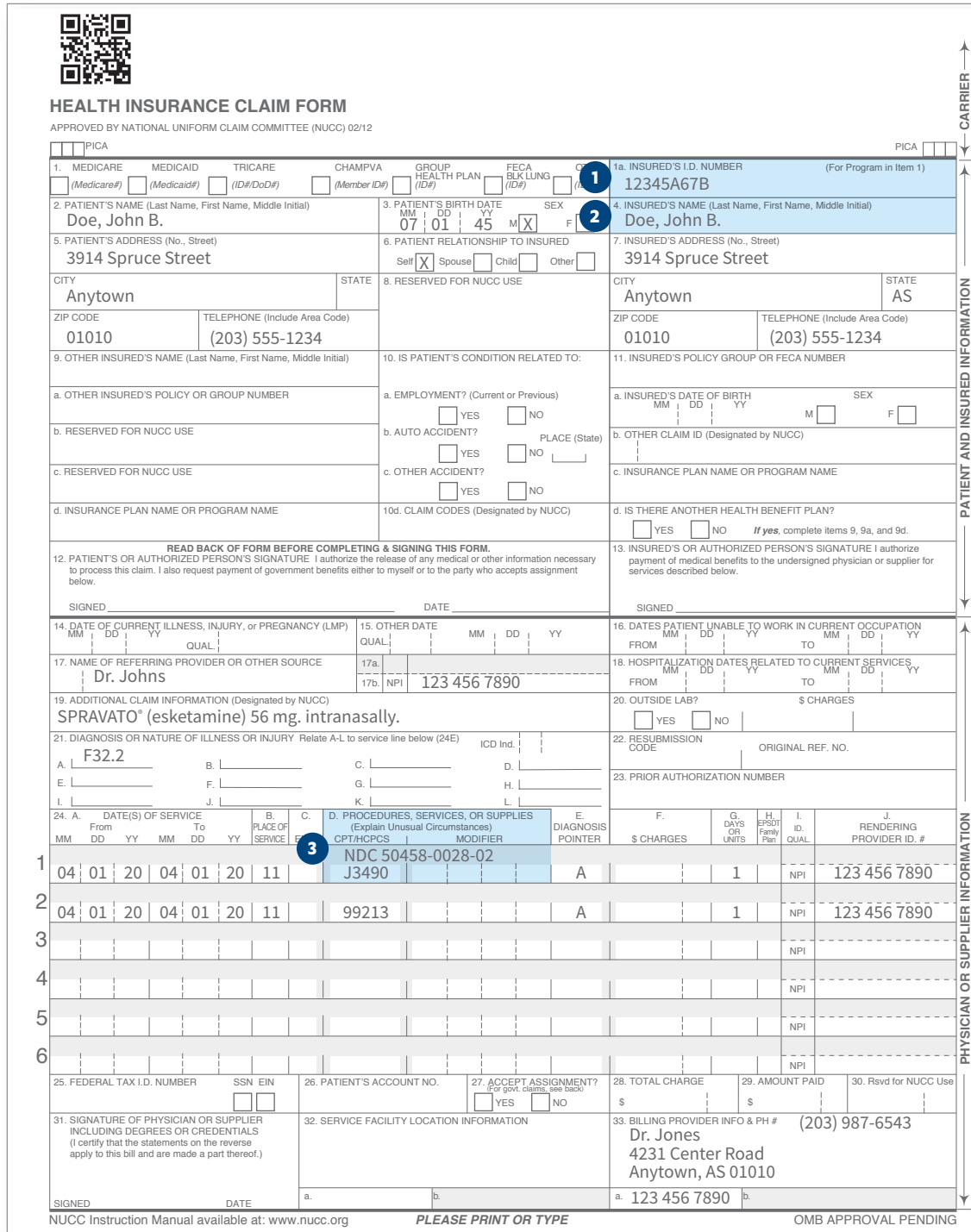
|                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                              |  |
| <b>Medical Claims</b><br>Payer ID: 56155<br>GROUP: 00003636<br>Member: 12345A67B                                                                                                                                                                                                                                                                                                                 | <b>Pharmacy Claims</b><br>BIN: 610020<br>GROUP: 99994002<br>Member: 12345678910       |
| <small>Physicians: For medical claims, patient may direct payment to you or elect to receive a mailed rebate check. Call 855-872-1776 to understand payment selection made by patient.<br/>                 Please read the accompanying full Prescribing Information, including Boxed WARNINGS and Medication Guide for SPRAVATO®, and discuss any questions you have with your doctor.</small> |                                                                                       |
| PROGRAM REQUIREMENTS APPLY.                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |

See following pages for sample CMS-1500 and UB-04 claim forms with additional information.

Please see full [Prescribing Information](#), including Boxed WARNINGS and [Medication Guide](#), for SPRAVATO®. Provide the Medication Guide to your patients and encourage discussion.

**Sample CMS-1500 Claim Form  
for Billing in the Physician Office**

- 1 Insured's ID Number**  
Enter the Janssen CarePath Savings Program Medical Claims Member number from the front of the patient's Savings Program card
- 2 Insured's Name**  
Enter the patient's name, even if patient is not the policyholder
- 3 Procedures, Services, or Supplies**  
Enter the NDC number in the shaded area and enter the appropriate J-Code, S-Code, or G-Code



**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK/LUNG  
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Doe, John B.  
3. PATIENT'S BIRTH DATE 07 | 01 | 45 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  
8. RESERVED FOR NUCC USE  
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)  
10. IS PATIENT'S CONDITION RELATED TO:  
a. OTHER INSURED'S POLICY OR GROUP NUMBER  
b. RESERVED FOR NUCC USE  
c. RESERVED FOR NUCC USE  
d. INSURANCE PLAN NAME OR PROGRAM NAME  
11. INSURED'S POLICY GROUP OR FECA NUMBER  
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.  
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.  
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) 04 | 01 | 20  
15. OTHER DATE 04 | 01 | 20  
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM 04 | 01 | 20 TO 04 | 01 | 20  
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE Dr. Johns  
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM 04 | 01 | 20 TO 04 | 01 | 20  
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) SPRAVATO® (esketamine) 56 mg, intranasally.  
20. OUTSIDE LAB? YES NO  
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) F32.2  
22. RESUBMISSION CODE ORIGINAL REF. NO.  
23. PRIOR AUTHORIZATION NUMBER  
24. A. DATE(S) OF SERVICE From 04 | 01 | 20 To 04 | 01 | 20 B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) NDC 50458-0028-02 J3490 E. DIAGNOSIS POINTER A F. \$ CHARGES 1 G. DAYS OR UNITS 1 H. ICD-10 QUAL. I. QUAL. J. RENDERING PROVIDER ID. # NPI 123 456 7890  
25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? YES NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 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.) 32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH # (203) 987-6543 Dr. Jones 4231 Center Road Anytown, AS 01010  
SIGNED DATE a. 123 456 7890 b.

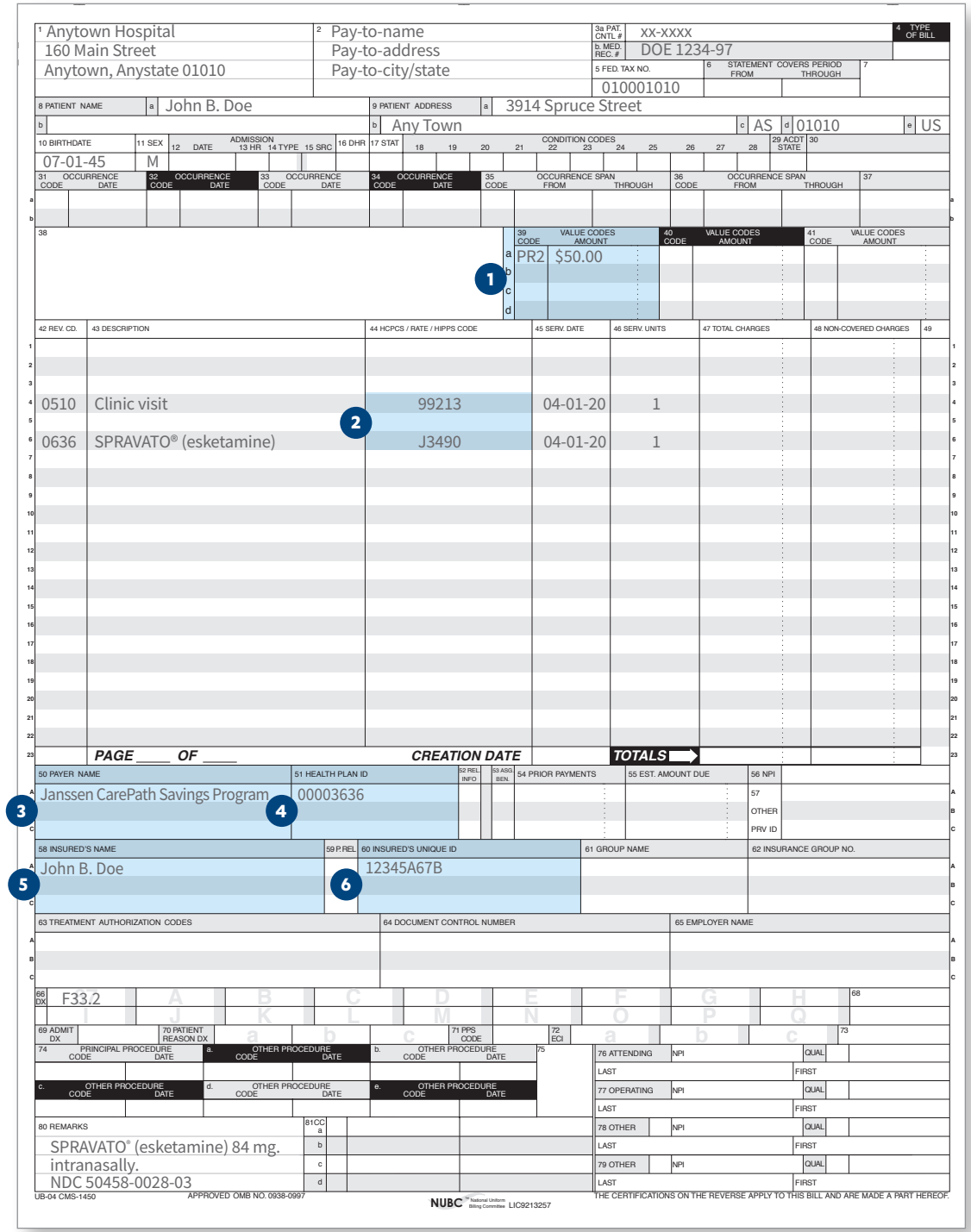
**NOTE:**  
Fill out the remainder of the CMS-1500 claim form the same way you would for a typical secondary claim submission. Please make sure the claim documentation clearly states the CPT/J-Code or S-Code and the NDC and/or drug name. For payers that require the G-Codes, enter the applicable code based on the dose of SPRAVATO®.  
Use of the electronic version of the CMS-1500 (837P) is preferred.

Please see full [Prescribing Information](#), including Boxed WARNINGS and [Medication Guide](#), for SPRAVATO®. Provide the Medication Guide to your patients and encourage discussion.

- 1 Value Codes**  
Enter "PR2" under "Code" and enter the remaining patient responsibility after processing of the primary insurance claim under "Amount"
- 2 HCPCS/Rate/HIPPS Code**  
Enter the appropriate J-Code, S-Code, or G-Code
- 3 Payer Name**  
Enter "Janssen CarePath Savings Program"
- 4 Health Plan ID**  
Enter the Medical Claims Group number: 00003636
- 5 Insured's Name**  
Enter the patient's name, even if patient is not the policyholder
- 6 Insured's Unique ID**  
Enter the Janssen CarePath Savings Program Medical Claims Member number from the front of the patient's Savings Program card

**NOTE:**  
Fill out the remainder of the UB-04 claim form the same way you would for a typical secondary claim submission. Please make sure the claim documentation clearly states the CPT/J-Code or S-Code and the NDC and/or drug name. For payers that require the G-Codes, enter the applicable code based on the dose of SPRAVATO®.  
Use of the electronic version of the UB-04 (837I) is preferred.

**Sample UB-04 Claim Form  
for Billing in the Hospital Outpatient Department (HOPD)**



1 Anytown Hospital  
160 Main Street  
Anytown, Anystate 01010  
2 Pay-to-name  
Pay-to-address  
Pay-to-city/state  
3a PAT CNTRL # XX-XXXX  
3b MED REC # DOE 1234-97  
4 TYPE OF BILL  
5 FED. TAX NO. 010001010  
6 STATEMENT COVERS PERIOD FROM THROUGH  
7  
8 PATIENT NAME John B. Doe  
9 PATIENT ADDRESS 3914 Spruce Street  
10 BIRTHDATE 07-01-45  
11 SEX M  
12 DATE OF ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR  
17 STAT AS  
18 STATE AS  
19 CITY Any Town  
20 ZIP CODE 01010  
21 CONDITION CODES  
22 23 24 25 26 27 28 29 ACCT STATE  
30  
31 OCCURRENCE CODE  
32 OCCURRENCE DATE  
33 OCCURRENCE DATE  
34 OCCURRENCE DATE  
35 OCCURRENCE DATE  
36 OCCURRENCE SPAN FROM THROUGH  
37 OCCURRENCE SPAN FROM THROUGH  
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39 VALUE CODES AMOUNT  
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42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV DATE 46 SERV UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49  
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4 0510 Clinic visit 99213 04-01-20 1  
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6 0636 SPRAVATO® (esketamine) J3490 04-01-20 1  
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PAGE OF CREATION DATE TOTALS  
50 PAYER NAME Janssen CarePath Savings Program  
51 HEALTH PLAN ID 00003636  
52 INFO  
53 BEN  
54 PRIOR PAYMENTS  
55 EST. AMOUNT DUE  
56 NPI  
57 OTHER  
58 INSURED'S NAME John B. Doe  
59 P. REL  
60 INSURED'S UNIQUE ID 12345A67B  
61 GROUP NAME  
62 INSURANCE GROUP NO.  
63 TREATMENT AUTHORIZATION CODES  
64 DOCUMENT CONTROL NUMBER  
65 EMPLOYER NAME  
66 F32.2  
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69 ADMIT DX TO PATIENT REASON DX  
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71 PPS CODE  
72 ECI  
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74 PRINCIPAL PROCEDURE DATE a. OTHER PROCEDURE DATE b. OTHER PROCEDURE DATE c. OTHER PROCEDURE DATE  
75  
76 ATTENDING NP1 QUAL  
77 OPERATING NP1 QUAL  
78 OTHER NP1 QUAL  
79 OTHER NP1 QUAL  
80 REMARKS SPRAVATO® (esketamine) 84 mg, intranasally. NDC 50458-0028-03  
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If you have questions about payment processing, call us at 855-872-1776.

## We can help make it simple for you to help your patients



**Access support**  
to help navigate  
payer processes



**Affordability support**  
to help your patients start and stay on  
the Janssen medication you prescribe



**Treatment support**  
to help your patients get informed  
and stay on prescribed treatment



**Single, dedicated Care Coordinator team  
supporting you and your patients**



**Convenient online Provider Portal at [JanssenCarePathPortal.com](https://JanssenCarePathPortal.com)**

**With an individual patient authorization on file, you can:**

- Request benefits investigations and prior authorizations electronically
- Track and monitor status of benefits investigations and prior authorizations for your patients
  - Enroll your eligible, commercially insured patients in the Savings Program, submit Savings Program requests, and manage program benefits
- Receive notifications when new information is available or action is required on the Portal



**Need  
help?**

Call **877-CarePath** (877-227-3728)  
Monday–Friday, 8:00 AM–8:00 PM ET  
Multilingual phone support available



Sign up or log in to the Provider Portal at  
[JanssenCarePathPortal.com](https://JanssenCarePathPortal.com)



Visit us online  
[JanssenCarePath.com/HCP/Spravato](https://JanssenCarePath.com/HCP/Spravato)

Please see full [Prescribing Information](#), including Boxed WARNINGS and [Medication Guide](#), for SPRAVATO<sup>®</sup>. Provide the Medication Guide to your patients and encourage discussion.