

How to submit secondary claims to Janssen CarePath Savings Program

Before you get started:

- Make sure that when the patient registered in the Savings Program, their payment selection for the Savings Program was set to “send funds to provider.” If an HCP registered the patient and the patient’s payment selection was set to “send funds to provider,” please ensure that the patient has completed and submitted an Assignment of Benefits (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 or by calling Janssen CarePath at 844-777-2828.
- If you don’t know the payment method the patient selected during registration, call 855-872-1776. Please note that you will need to reference the Member ID, found on the front of the Savings Program card, in order for Janssen CarePath to assist.

NOTE: If your patient requested that rebate payments be sent to them and/or they submit the secondary claim to Janssen CarePath Savings Program, the patient will receive the rebate payment. Only the patient can change their preferred payment method by calling Janssen CarePath.

- Contact your clearinghouse to request that Payer ID# 56155 and 56165 be added to their system, if needed.

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.
- 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 the same way you receive primary insurance payments

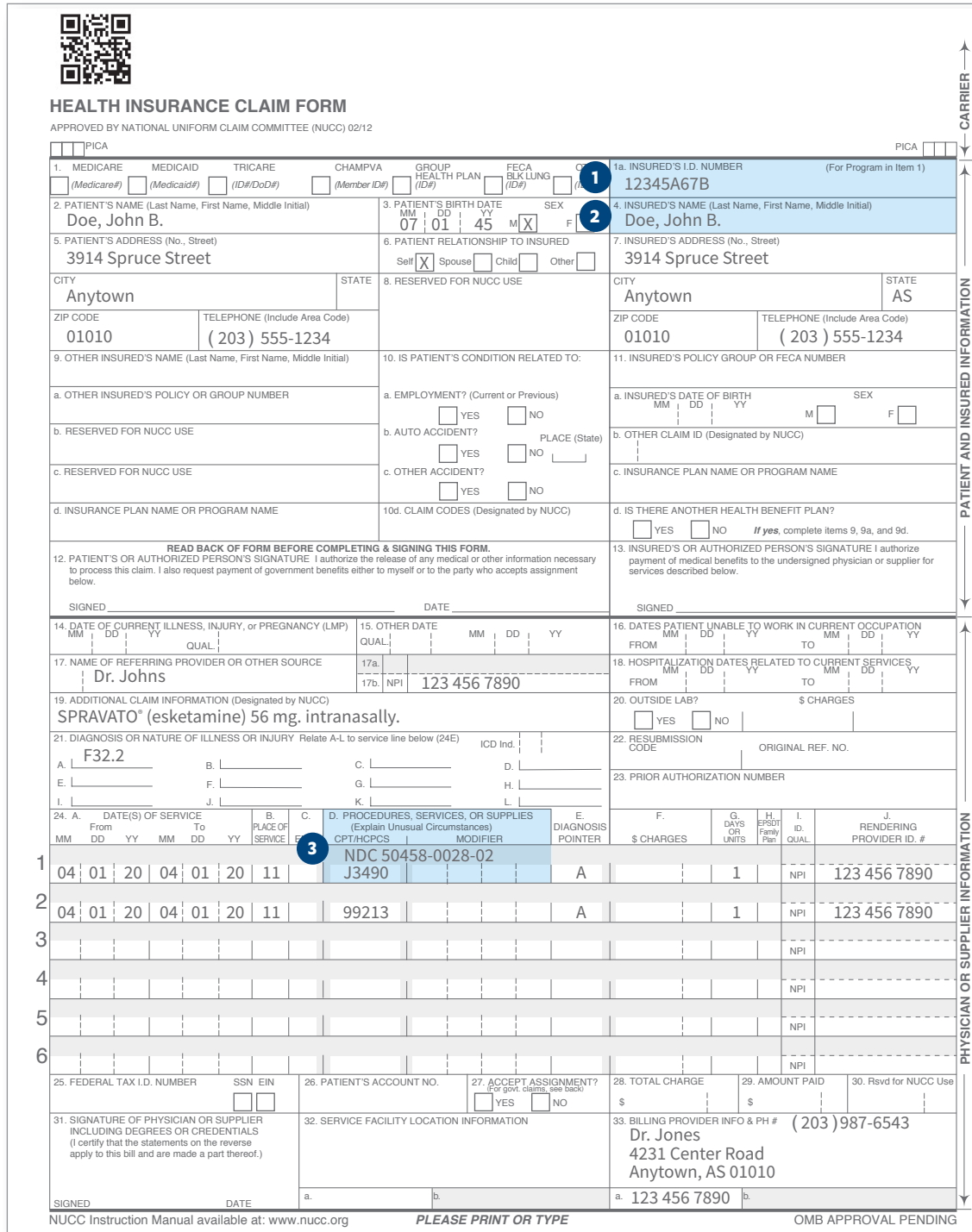
	
Medical Claims Payer ID: 56155 GROUP: 00003636 Member: 12345A67B	Pharmacy Claims BIN: 610020 GROUP: 99994002 Member: 12345678910
<small>Physicians: For medical claims, patient may direct payment to you or elect to receive a mailed rebate check. Call 855-872-1776 to understand payment selection made by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

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

- Insured's ID Number**
Enter the Janssen CarePath Savings Program Medical Claims Member number from the front of the patient's Savings Program card
- Insured's Name**
Enter the patient's name, even if patient is not the policyholder
- Procedures, Services, or Supplies**
Enter the NDC number in the shaded area and enter the appropriate J-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
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:
11. INSURED'S POLICY GROUP OR FECA NUMBER
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)
15. OTHER DATE
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)
20. OUTSIDE LAB? \$ CHARGES
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY
22. RESUBMISSION CODE ORIGINAL REF. NO.
23. PRIOR AUTHORIZATION NUMBER
24. A. DATE(S) OF SERVICE B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9-CM I. ID. QUAL. J. RENDERING PROVIDER ID. #
25. FEDERAL TAX I.D. NUMBER SSN EIN
26. PATIENT'S ACCOUNT NO.
27. ACCEPT ASSIGNMENT? (For 99th Edition, see back)
28. TOTAL CHARGE \$
29. AMOUNT PAID \$
30. Rsvd for NUCC Use
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS
32. SERVICE FACILITY LOCATION INFORMATION
33. BILLING PROVIDER INFO & PH # (203)987-6543
34. SIGNATURE DATE
35. NDC 50458-0028-02 J3490
36. 99213
37. 123 456 7890
38. 123 456 7890

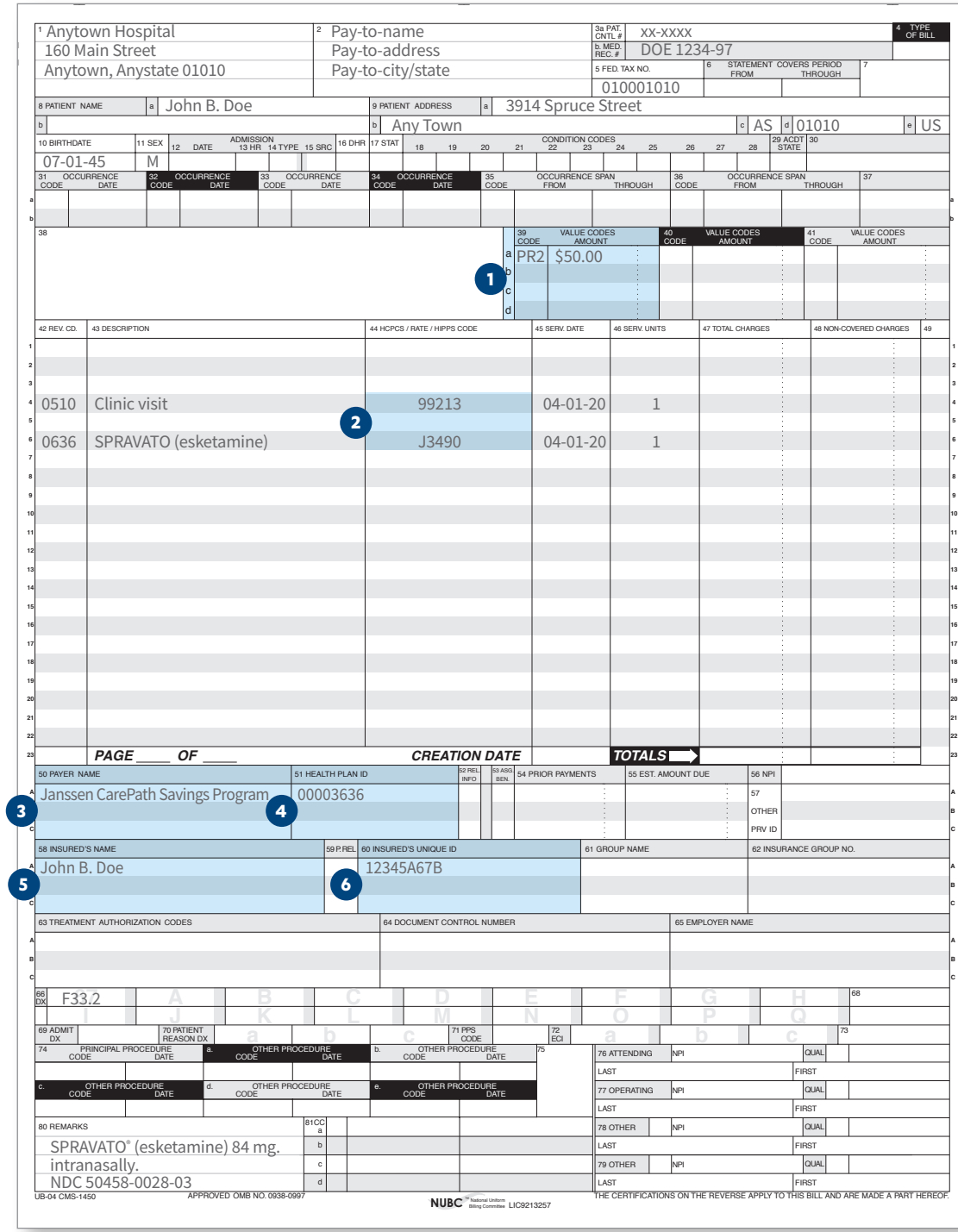
NOTE:
Fill out the remainder of the CMS-1500 claim form the same way you would for a typical secondary claim submission. Please make sure the claim documentation clearly states the CPT/J-Code and the NDC and/or drug name. For payers that require the G-Codes, enter the applicable code based on the dose 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.

- Value Codes**
Enter "PR2" under "Code" and enter the remaining patient responsibility after processing of the primary insurance claim under "Amount"
- HCPCS/Rate/HIPPS Code**
Enter the appropriate J-Code or G-Code
- Payer Name**
Enter "Janssen CarePath Savings Program"
- Health Plan ID**
Enter the Medical Claims Group number: 00003636
- Insured's Name**
Enter the patient's name, even if patient is not the policyholder
- 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 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 #
3b MED REC #
3c STATEMENT COVERS PERIOD FROM THROUGH

4 TYPE OF BILL
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM THROUGH

7 010001010

8 PATIENT NAME John B. Doe
9 PATIENT ADDRESS 3914 Spruce Street
10 BIRTHDATE 07-01-45
11 SEX M
12 DATE OF ADMISSION 04-01-20
13 HR. 14 TYPE 15 SRC 16 DHR
17 STAT AS
18 19 20 21 CONDITION CODES
22 23 24 25 26 27 28 29 ACCT #
30 STATE

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

38 VALUE CODES AMOUNT
39 CODE AMOUNT
40 CODE AMOUNT
41 CODE AMOUNT
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV DATE 46 SERV UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49

0510 Clinic visit 99213 04-01-20 1
0636 SPRAVATO (esketamine) J3490 04-01-20 1

PAGE OF CREATION DATE TOTALS

50 PAYER NAME Janssen CarePath Savings Program
51 HEALTH PLAN ID 00003636
52 P.P. INFO
53 BEN
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
57 OTHER
58 INSURED'S NAME John B. Doe
59 P.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 F33.2
67 A B C D E F G H I J K L M N O P Q R S T U V W X Y Z
68

69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
73

74 PRINCIPAL PROCEDURE DATE
75 OTHER PROCEDURE DATE
76 ATTENDING NP1
77 OPERATING NP1
78 OTHER NP1
79 OTHER NP1

80 REMARKS
81CC
82
83
84
85
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87
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SPRAVATO® (esketamine) 84 mg. intranasally.
NDC 50458-0028-03

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE OMB APPROVAL PENDING

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 your patients and you**



**Need
help?**

Call **844-777-2828**
Monday–Friday, 8:00 AM–8:00 PM ET
Multilingual phone support available



Visit us online

JanssenCarePath.com/HCP/Spravato

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