Checklist for Claims Submission

Because appropriate reimbursement for medical claims depends on accurate and complete coding and documentation, Gilead has designed the following claims submission checklist to assist your practice when filing claims.

ALL CLAIMS

- ☐ Verify that the patient's identification number and all other information is entered correctly.
- ☐ Ensure that the patient's name and address match the insurer's records.
- ☐ Verify that the provider's NPI number is included on the claim.
- ☐ Use the most appropriate ICD-10-CM diagnosis and CPT procedure codes associated with each individual patient's diagnosis and care.
- ☐ Ensure the medical record contains appropriate documentation to support the diagnosis and procedure codes submitted on the claim.
- ☐ When billing for drugs, ensure the following information is provided on the claim form if required by the payer:
  - Name of the drug, HCPCS code, and 10-digit or 11-digit NDC number
  - Frequency of administration
  - Route of administration
  - Number of units administered
- ☐ Use the correct CPT and/or HCPCS codes, including product-specific **J-Code: J9317**, and modifiers where and when appropriate.
- ☐ Indicate the setting where the service was provided (eg, physician office or hospital outpatient).
- ☐ File the claim in a timely fashion.
- ☐ Provide complete and accurate information on request.

MEDICARE PART B CLAIMS

- ☐ Ensure that electronic claims meet the requirements of claim implementation guidelines adopted as national standards under Health Insurance Portability and Accountability Act (HIPAA).
- ☐ Fiscal Intermediaries, Carriers, and Medicare Administrative Contractors process claims for assigned states. Jurisdiction is based on the beneficiary's address on file with the Social Security Administration. Suppliers should verify that the address they have on file for a beneficiary is the same address on file with the Social Security Administration. This will help to ensure claims are sent to the correct contractor for processing.

Gilead Sciences, Inc. cannot guarantee payment of any claim. Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of all claims used in seeking reimbursement. All related services must be medically appropriate and properly supported in the patient's medical record.