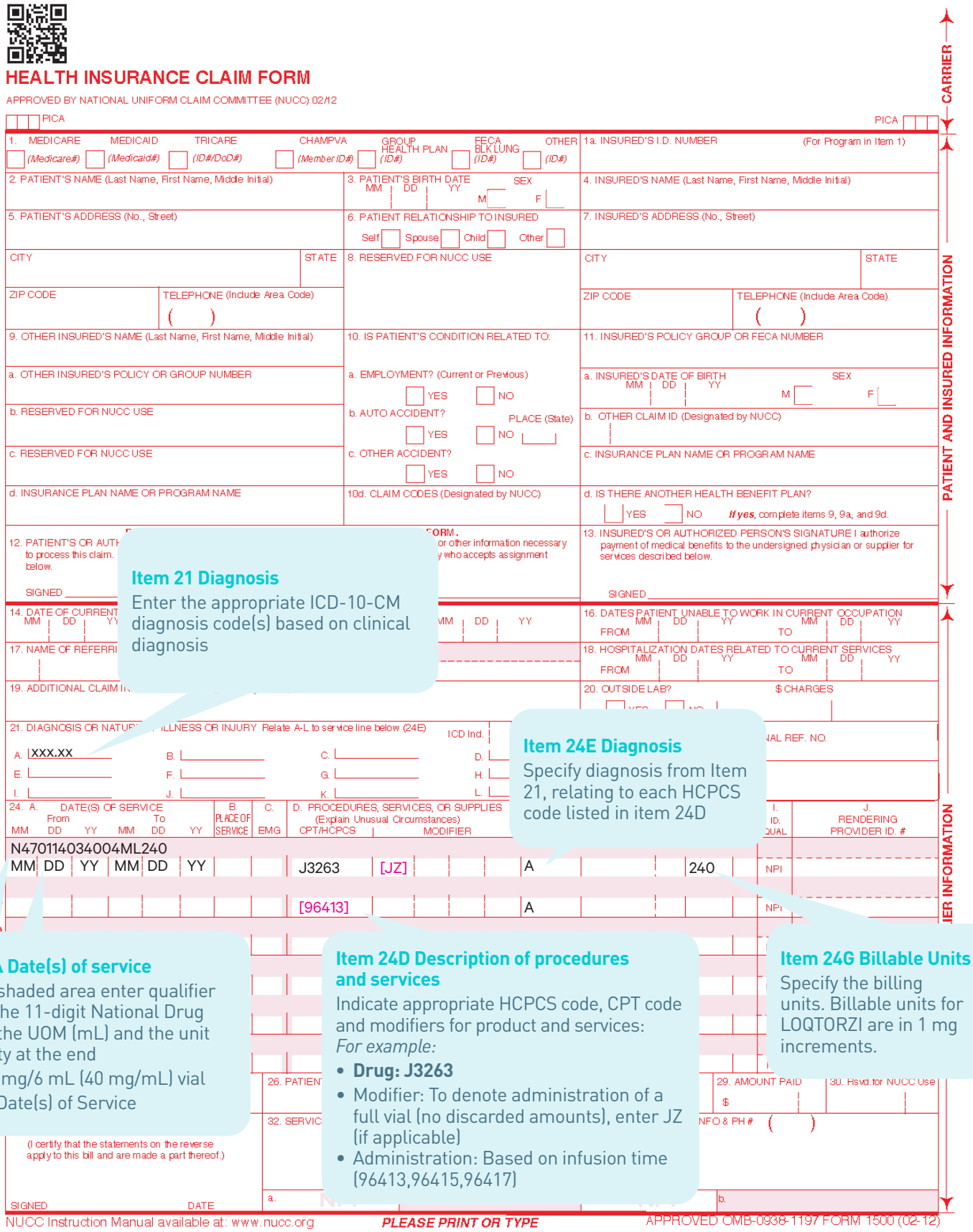
Sample CMS-1500 Claim Form for Office Billing: LOQTORZI® (toripalimab-tpzi)



Item 21 Diagnosis
Enter the appropriate ICD-10-CM diagnosis code(s) based on clinical diagnosis

Item 24E Diagnosis
Specify diagnosis from Item 21, relating to each HCPCS code listed in item 24D

Item 24A Date(s) of service
- In the shaded area enter qualifier "N4", the 11-digit National Drug Code, the UOM (mL) and the unit quantity at the end
  - 240mg/6 mL (40 mg/mL) vial
- Enter Date(s) of Service

Item 24D Description of procedures and services
Indicate appropriate HCPCS code, CPT code and modifiers for product and services:
For example:
- **Drug: J3263**
- Modifier: To denote administration of a full vial (no discarded amounts), enter JZ (if applicable)
- Administration: Based on infusion time (96413,96415,96417)

Item 24G Billable Units
Specify the billing units. Billable units for LOQTORZI are in 1 mg increments.

This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating LOQTORZI treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Coherus BioSciences does not guarantee LOQTORZI coverage or reimbursement.

LOQTORZI® (toripalimab-tpzi) injection