

Sample CMS-1450 Claim Form

The sample **CMS-1450** claim form below shows the appropriate fields to complete when using the recommended dose of NUCALA. In this scenario, the specific payer, Medicare, requires providers to report using **J2182** for NUCALA on one line in **Boxes 42-47**.

Boxes 42-43

Enter the appropriate revenue code and description corresponding to the HCPCS code listed in Box 44.

Box 44

Enter the appropriate HCPCS (J2182) and CPT® codes. When applicable and consistent with payer guidance, include any additional modifier 59* or 76† for each additional injection administered.

Box 46

Document the number of units used for each line item. Ensure that the appropriate dose (relative to indication) is reported for the associated HCPCS code.

Enter the appropriate number of units of waste (if applicable) and include the JW modifier in Box 44.

If no amount of drug was discarded, include the JZ modifier in Box 44.

Box 66

Enter the appropriate diagnosis code(s).

10 BIRTHDATE		11 SEX		12 DATE		13 HR		14 TYPE		15 SRC		16 DHR		17 STAT		18		19		20		21		22		23		24		25		26		27		28		29 ACCT		30	
0636		Drugs requiring detailed coding (NUCALA)		J2182		01-01-25		100				XXX XX																													
0250		General pharmacy		96372		01-01-25		1				XXX XX																													

*Modifier 59: Distinct procedural service.

†Modifier 76: Repeat procedure or service by same physician or other qualified healthcare professional.



Questions about CPT® or ICD coding?

Call your Access and Reimbursement Manager (ARM) or Together with NUCALA at 1-844-CALL-TwGSK (1-844-225-5894) Monday-Friday, 8 AM to 8 PM ET

Payers may have different requirements regarding the use of billing and diagnosis codes. Please confirm requirements with individual payers or check with your ARM for additional information.

The suggestions contained on this form are compiled from sources believed to be accurate for the Medicare Part B program, but GSK makes no representation that the information is accurate or that it will comply with the requirements of any particular Medicare Administrative Contractor (MAC) or payer. You are solely responsible for determining the billing and coding requirements applicable to any payer or MAC.

CPT®=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD=International Classification of Diseases.

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