

# Sample CMS-1450 Claim Form

The sample **CMS-1450** 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.

1 PATIENT NAME		2 PATIENT ADDRESS		3A FILL CONT. #		3B MED. REC. #		4 TYPE OF BILL	
8 PATIENT NAME		9 PATIENT ADDRESS		5 FILL TAX NO.		6 STATEMENT COVERS PERIOD FROM		7 THROUGH	
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION		14 TYPE	
15 SRC		16 DHR		17 STAT		18		19	
20		21		22		23		24	
25		26		27		28		29	
30		31		32		33		34	
35		36		37		38		39	
40		41		42		43		44	
45		46		47		48		49	
50		51		52		53		54	
55		56		57		58		59	
60		61		62		63		64	
65		66		67		68		69	
70		71		72		73		74	
75		76		77		78		79	
80		81		82		83		84	
85		86		87		88		89	
90		91		92		93		94	
95		96		97		98		99	

**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).

\* 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 Gateway to NUCALA at 1-844-468-2252** 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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