

# Sample CMS-1500 Claim Form

The sample **CMS-1500** below shows the appropriate fields to complete when using the recommended dose of NUCALA. In this scenario, the specific payer requires providers to report using J2182 for NUCALA on the line in Box 24D and include additional information about NUCALA in Box 19.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

**19** REFERRING PROVIDER OR OTHER SOURCE

**21** ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

**24D** DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E))

**24E** ICD (Ind.)

**24G** AUTHORIZATION

| A.                 | B.               | C.  | D.  | E.       | F.                | G.         | H.            | I.   | J.                       |
|--------------------|------------------|-----|---|----------|-------------------|------------|---------------|------|--------------------------|
| DATE(S) OF SERVICE | PLACE OF SERVICE | EMG | PROCEDURES, SERVICES, OR SUPPLIES (CPT/HCPCS) | MODIFIER | DIAGNOSIS POINTER | \$ CHARGES | DAYS ON UNITS | UNIT | RENDERING PROVIDER ID. # |
| 01   01   24       | 01   01   24     |     | J2182   |          |                   | XX,XX      | 100           |      | NPI                      |
| 01   01   24       | 01   01   24     |     | 96372   |          |                   | XX,XX      | 1             |      | NPI                      |
|                    |                  |     |   |          |                   |            |               |      | NPI                      |
|                    |                  |     |   |          |                   |            |               |      | NPI                      |
|                    |                  |     |   |          |                   |            |               |      | NPI                      |
|                    |                  |     |   |          |                   |            |               |      | NPI                      |

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org) PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM 1500 (02-12)

**BOX 19**  
Per payer-specific requirements, enter NUCALA brand and generic names, NDC, and amount administered to patient.

**BOX 21**  
Enter the appropriate diagnosis code(s).

**BOX 24D**  
Enter the appropriate HCPCS (J2182) and CPT codes. Include any additional modifiers required by the payer (eg, to indicate use of specialty pharmacy).

**Box 24E**  
Record the relevant diagnosis pointer from Box 21.

**BOX 24G**  
Document the number of billing units used for each line item.  
Enter the appropriate number of units of waste (if applicable) and include the JW modifier in Box 24D.  
If no amount of drug was discarded, include the JZ modifier in Box 24D.

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; NDC=National Drug Code

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