

HOSPITAL OUTPATIENT DEPARTMENT: Annotated Sample CMS-1500 Claim Form

Products and services provided in the physician office setting are billed using the CMS-1500 claim form or its electronic claim equivalent. Both formats include patient demographic information, insurance policy number, coded descriptions of services and products provided to the patient, National Provider Identifier (NPI), and revenue codes. The accuracy and completeness of the claim form, in addition to meeting any medical necessity or prior authorization criteria, are essential to receiving timely and appropriate reimbursement for healthcare services.

Most facilities are using the electronic equivalent of the CMS-1500 rather than the paper version. Although the data fields are not always the same and requirements may differ, the recommended ICD-10-CM, CPT, and HCPCS codes will generally remain consistent with the paper version. A sample of the paper version of the CMS-1500 claim form for billing NUCALA is provided on the reverse side to illustrate a possible coding scenario for NUCALA. Refer to individual payer specifications to select an appropriate code.



It is important to consult individual payers on any coding and documentation preferences. Please check appropriate payer policies or call [Gateway to NUCALA](#) at **1-844-468-2252**, Monday-Friday, 8 AM to 8 PM ET, if you have questions about CPT or ICD coding.

About the Annotated Sample CMS-1500 Claim Form (see reverse side)

Please consult with payers for specific billing and coding instructions/requirements. The sample form (see reverse side) highlights the different types of information generally required by payers for claims submission. The information on the reverse side refers to the paper format of the CMS-1500. Providers submitting claims for NUCALA via electronic software systems will need to translate claim information into compatible formats for input into their software systems.



REMINDER: Products and services provided in the **physician office setting** are billed using the **CMS-1500** claim form or its electronic claim equivalent.

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

1. MEDICARE (Medicare) MEDICAID (Medicaid) TRICARE (TRICARE) (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial) MM/DD/YY SEX M F

3. PATIENT'S ADDRESS (No. Street) CITY STATE

4. PATIENT'S RELATIONSHIP TO INSURED Spouse Spouse Child Other

5. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO c. OTHER ACCIDENT? YES NO

6. PATIENT'S POLICY GROUP OR PECA NUMBER 7. INSURED'S DATE OF BIRTH MM/DD/YY SEX M F

8. RESERVED FOR NUCC USE 9. OTHER INSURED'S POLICY OR GROUP NUMBER a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE

11. INSURED'S POLICY GROUP OR PECA NUMBER 12. INSURED'S DATE OF BIRTH MM/DD/YY SEX M F

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (authorize payment of medical benefits to the undersigned physician or supplier for services described below)

14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP) MM/DD/YY 15. OTHER DATE (QUAL) MM/DD/YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM/DD/YY TO MM/DD/YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE (NPI) 18. HOSPITALIZATION DATES, RELATED TO CURRENT SERVICES, FROM MM/DD/YY TO MM/DD/YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 20. OUTSIDE LAB? YES NO \$ CHARGES

21. ICD-10 CODES OR NATURE OF ILLNESS OR INJURY (Related to Current Services) A. B. C. D. E. F. G. H. I. J. K. L. M. N. O. P. Q. R. S. T. U. V. W. X. Y. Z. CC. ORIGINAL REP. NO.

22. PRIOR AUTHORIZATION NUMBER

1	A	B	C	D	E	F	G	H	I	J
DATE	ICD-10	HCPCS	MODIFIER	DIAGNOSIS POINTER	\$ CHARGES	UNITS	UNIT PRICE	UNIT TOTAL	RENDERING PROVIDER ID #	
01 01 18 01 01 18	J2182	96372			XXX XX	100				
01 01 18 01 01 18		96372			XXX XX	1				

23. FEDERAL TAX ID NUMBER SSN EIN 24. PATIENT'S ACCOUNT NO. 25. ACCEPT ASSIGNMENT? YES NO

26. TOTAL CHARGE \$ 27. AMOUNT PAID \$ 28. BILLING PROVIDER INFO & PH# ()

29. SIGNATURE OF PHYSICIAN OR SUPPLIER (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 30. SERVICE FACILITY LOCATION INFORMATION 31. BILLING PROVIDER INFO & PH# ()

SIGNED DATE NPI NPI

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

BOX 19; LOOP 2300

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

BOX 21; LOOP 2300

Enter the appropriate ICD-10-CM diagnosis code(s). There is a space within the box, "ICD Ind.," for a single-digit identifier to indicate that the provider is using an ICD-10 code. The indicator is:

- "0" for ICD-10-CM

BOX 24D; LOOP 2400

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

BOX 24G; LOOP 2400

Document the number of units used for each line item.

Payers may have different requirements regarding the use of billing codes when using a specialty pharmacy. Please check with individual payers or your Payer Relations Manager (PRM) for specific requirements. Gateway to NUCALA is also available to provide information about individual payer requirements.

CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification