

HOSPITAL OUTPATIENT DEPARTMENT: Annotated Sample CMS-1450 Claim Form

Products and services provided in the hospital outpatient department are billed using the CMS-1450 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-1450 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-1450 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-1450 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-1450 (UB-04). Providers submitting claims for NUCALA via electronic software systems will need to translate claim information into compatible formats for input into their software systems.

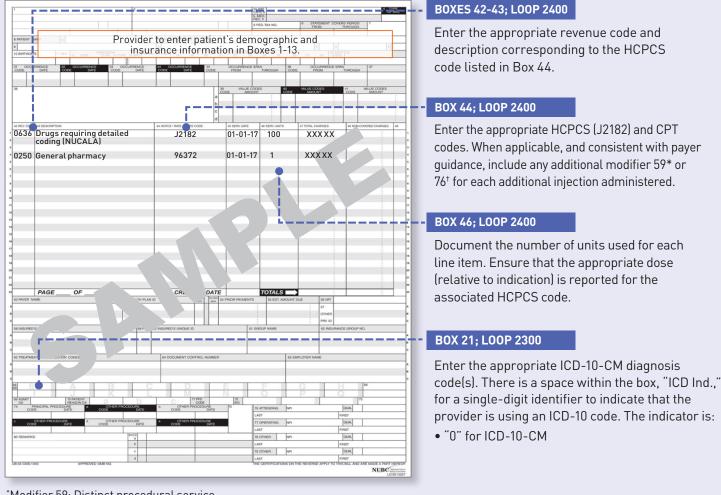


REMINDER: Products and services provided in the **hospital outpatient department** are billed using the **CMS-1450** claim form or its electronic claim equivalent.



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.



*Modifier 59: Distinct procedural service.

Payers may have different requirements regarding the use of billing and diagnosis codes. 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 ProceduralTerminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification

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