

Sample CMS-1500 Claim Form for Physician Office Billing: CIMERLI® (ranibizumab-eqrn) Injection with Q-code (effective 4/1/23)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA		PICA	
1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK (LUNG) (ID#) OTHER (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M F	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other	
CITY STATE		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE TELEPHONE (Include Area Code)		CITY STATE	
9. 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 PLACE (State)	
		c. OTHER ACCIDENT? YES NO	
		11. INSURED'S POLICY GROUP OR FECA NUMBER	
		a. INSURED'S DATE OF BIRTH MM DD YY SEX M F	
		b. OTHER CLAIM ID (Designated by NUCC)	
		c. INSURANCE PLAN NAME OR PROGRAM NAME	
		12. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
		13. CLAIM CODES (Designated by NUCC)	
14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY MM DD YY QUAL		15. OTHER DATE MM DD YY QUAL	
16. DATES PAID FROM MM		17. HOSPITALIZATION FROM MM	
17a. NPI		17b. NPI	
18. HOSPITALIZATION FROM MM		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	
20. OUTSIDE REFERRAL YES NO		21. DIAGNOSIS OR NAT	
22. ORIGINAL REF. NO.		23. NUMBER	
24. A. DATE(S) OF SERVICE MM DD YY MM DD YY (SERVICE) (EMG) (OPT) (HCPCS) (OFFICER) (PONTER) (\$ CHARGES) (UNITS) (I. ID. QUAL) (P)		25. PATIENT'S ACCOUNT NUMBER	
1 N470114044101ML0.05		67028 -RT A	
Q5128		JZ A 5	
26. PATIENT'S ACCOUNT NUMBER		32. SERVICE FACILITY NAME AND ADDRESS	
33. SERVICE FACILITY PHONE # ()		34. SIGNATURE	
35. DATE		36. NPI	

Item 19

- Name of drug: CIMERLI® (ranibizumab-eqrn)
- Dosage, Strength, Unit of measure (UOM)
 - Select the appropriate dose strength from between 0.5 mg/0.05 mL or 0.3 mg/0.05 mL
- Route of administration: intravitreal injection

Item 21 Diagnosis

Enter the appropriate ICD-10-CM diagnosis code(s) based on clinical diagnosis

Item 24E Diagnosis pointer

Specify diagnosis from Item 21, relating to each HCPCS code listed in item 24D

Modifiers

To denote site of administration, enter appropriate modifiers, -LT, -RT, or -50 for bilateral injection.

To denote administration of a full vial (no discarded amounts), enter JZ

Item 23 Prior Authorization

Enter the PA number as obtained before services were rendered.

Item 24A Date(s) of service

- In the shaded area enter qualifier "N4", the 11-digit National Drug Code, the UOM (mL) and the unit quantity.
 - 70114-0441-01: 0.5 mg/0.05 mL (10 mg/mL) vial
 - 70114-0440-01: 0.3 mg/0.05 mL (6 mg/mL) vial
- Enter Date(s) of Service

Item 24D Description of procedures and services

Indicate appropriate HCPCS and CPT codes for product and services:

For example:

- Administration: 67028 for intravitreal injection
- Drug: Q5128 for CIMERLI®

Item 24G Billable Units

Specify the billing units. Billable units for CIMERLI® are in 0.1 mg increments. For example 0.5 mg = 5 billable units 0.3 mg = 3 billable units

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM 1500 (02-12)

This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating CIMERLI® treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Coherus BioSciences does not guarantee CIMERLI® coverage or reimbursement.