Sample CMS-1500 Claim Form for Physician Office Billing: CIMERLI® (ranibizumab-eqrn)

HEALTH INSURANCE CLAIM FORM

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

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

4. INSURED'S NAME (Last Name, First Name, Middle Initial)

5. PATIENT'S ADDRESS (No., Street)

6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)

CITY STATE

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE TELEPHONE (Include Area Code) ( )

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:

11. INSURED'S POLICY GROUP OR FECA NUMBER

a. OTHER INSURED'S POLICY OR GROUP NUMBER

a. EMPLOYMENT? (Current or Previous) YES NO

a. INSURED'S DATE OF BIRTH MM DD YY SEX M F

b. RESERVED FOR NUCC USE

b. AUTO ACCIDENT? PLACE (State) YES NO

b. OTHER CLAIM ID (Designated by NUCC)

c. RESERVED FOR NUCC USE

c. OTHER ACCIDENT? YES NO

c. INSURANCE PLAN NAME OR PROGRAM NAME

10d. CLAIM CODES (Designated by NUCC)

d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO *If yes*, complete items 9, 9a, and 9d.

RE COMPLETING & SIGNING THIS FORM. RE I authorize the release of any medical or other information necessary ent benefits either to myself or to the party who accepts assignment

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of services d plier for

DATE SIGNED

E OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE MM DD YY

16. DATES P MM FROM ON YY

17. E OF REFERRING PROVIDER OR OTHER SOUR

18. HOSPITAL MM FROM S YY

19. ADD TIONAL CLAIM INFORMATION (Designated by N

20. OUTSIDE LAB YES $ CHARGES

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY R

A. xxx.xx B. E. F. I. J.

22. RESUBMISSI CODE ORIGINAL REF. NO.

23. PRIO UTHORIZATION NUMBER

24. A. DATE(S) OF SERVICE From MM DD YY	To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES (Explain Unusual Circum es) CPT/HCPCS	MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1 N461314062594ML0.05 MM DD YY	MM DD YY			67028	-RT	A				NPI	
2				Q5128	JZ	A		5			

26. PATIENT'S ACC

. AMOU S

32. SERVICE FACILI

PH # ( )

SIGNED DATE

a. NPI b.

a. NPI b.

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

CARRIER

PATIENT AND INSURED INFORMATION

INFORMATION

Item 21 Diagnosis
Enter the appropriate ICD-10-CM diagnosis code(s) based on clinical diagnosis

Modifiers
To denote site of administration, enter appropriate modifiers, –LT, –RT, or –50 for bilateral injection.
Please use modifier JZ to denote administration of full vial (no discarded amounts) if applicable.

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

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.
  - 61314-0625-94: 0.5 mg/0.05 mL (10 mg/mL) vial
  - 61314-0624-94: 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

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. Sandoz does not guarantee CIMERLI coverage or reimbursement.

SANDOZ

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