

# Sample Revised CMS 1500 Form rev. (02-12)—Physician Office

**Note:** The information presented below is based on the paper claim format; **please adopt this information to electronic equivalent fields in your software systems.** The coding information discussed in this document and sample form is provided for informational purposes only, is subject to change, and should not be construed as legal advice. The codes listed below may not apply to all patients or to all health plans; providers should exercise independent clinical judgment when selecting codes and submitting claims to accurately reflect the services and products furnished to a specific patient.

### Box 21, Diagnosis Code

Enter the appropriate ICD-10-CM code for the patient's diagnosis/condition.

**Box 21, ICD Indicator:** enter 0 to indicate the ICD code set.

### Box 24D, Procedure Code

Enter the appropriate CPT\* code to denote intravitreal injection.

### Box 24D, Product Code

Enter HCPCS code J0178 to represent EYLEA® (afibercept) Injection.

Note: State Medicaid agencies, secondaries, and some private payers may require providers to report the EYLEA NDC (61755-0005-02) in addition to HCPCS code J0178; however, the NDC is not required for Medicare claims.

### Box 24G, Units Administration

J0178 has a unit descriptor of 1 mg; report 2 units of the code when billing for a 2 mg injection of EYLEA.

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

**1. MEDICARE**  **MEDICAID**  **TRICARE**  **CHAMPVA**  **GROUP HEALTH PLAN (GHP)**  **FECA BOX (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

**4. INSURED'S NAME** (Last Name, First Name, Middle Initial) **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  **b. INSURED'S DATE OF BIRTH** MM DD YY **SEX** M  F

**b. RESERVED FOR NUCC USE** **b. AUTO ACCIDENT?** YES  NO  **PLACE** (State) **b. OTHER CLAIM ID** (Designated by NUCC)

**c. RESERVED FOR NUCC USE** **c. OTHER ACCIDENT?** YES  NO  **c. OTHER CLAIM ID** (Designated by NUCC)

**6. INSURANCE PLAN NAME OR PROGRAM NAME** **10c. CLAIM CODES** (Designated by NUCC) **6. IS THERE ANOTHER HEALTH BENEFIT PLAN?** YES  NO  *If yes, complete items 9, 9a, and 9d.*

**12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE** (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party set to accept assignment below.) **13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE** (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.)

**SIGNED** **DATE** **SIGNED**

**14. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY (LMP)** MM DD YY **QUAL.** **15. OTHER DATE** 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** **17a.** **17b. 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. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY** Refer to C. to service line below (24E) **ICD line** **22. RESUBMISSION CODE** ORIGINAL REF. NO. **23. PRIOR AUTHORIZATION NUMBER**

24. A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS	E. MODIFIER	F. DIAGNOSIS POINTER	G. \$ CHARGES	H. DAYS OR UNITS	I. NPI	J. RENDERING PROVIDER ID #
1 10 15 15 10 15 15			67028 RT						NPI
2 10 15 15 10 15 15			J0178						NPI
3									NPI
4									NPI
5									NPI
6									NPI

**25. FEDERAL TAX I.D. NUMBER** **SSN** **EIN** **26. PATIENT'S ACCOUNT NO.** **27. ACCEPT ASSIGNMENT?** (or per state law) YES  NO  **28. TOTAL CHARGE** \$ **29. AMOUNT PAID** \$ **30. Rsvd for NUCC Use**

**31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS** (I certify that the statements on the reverse apply to this bill and are made a part thereof.) **32. SERVICE FACILITY LOCATION INFORMATION** **33. BILLING PROVIDER INFO & PH #** ( )

**SIGNED** **DATE** **a. NPI** **b. NPI** **a. NPI** **b. NPI**

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

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**EYLEA®**  
(afibercept) Injection



# Sample CMS 1450 Form—Hospital Outpatient Department (HOPD)

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## Boxes 42 and 43, Revenue Code

Enter the appropriate revenue code and revenue code description for service.

## Box 44, Procedure Code

Enter the appropriate CPT\* code to denote intravitreal injection.

Enter appropriate modifiers, –LT or –RT, to denote specific eye or modifier –50 for bilateral injection.

## Product Code

Enter HCPCS code J0178 to represent EYLEA® (aflibercept) Injection.

## Box 46, Units

J0178 has a unit descriptor of 1 mg; report 2 units of the code when billing for a 2 mg injection of EYLEA.

## Box 67, Diagnosis Code

Enter the appropriate ICD-10-CM code for the patient's diagnosis/condition.

42 REV. CODE	43 DESCRIPTION	44 HCPCS / RATE / NPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES
636	Drugs requiring detailed coding	J0178		2		
510	Outpatient Clinic	67028-RT		1		
				<b>TOTALS</b>	2	1

**Have a billing or reimbursement question related to EYLEA® (aflibercept) Injection?**

**Call EYLEA4U® at 1-855-EYLEA4U (1-855-395-3248), Option 4.**

**Reimbursement Specialists are available Monday–Friday 9 AM–8 PM Eastern Time.**

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**EYLEA®**  
(aflibercept) Injection



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