

Sample CMS-1500 Claim Form

Physician Office CMS-1500 Claim Form¹

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)										20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES		
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.										22. RESUBMISSION CODE ORIGINAL REF. NO.		
23. PRIOR AUTHORIZATION NUMBER												
24. A. DATE(S) OF SERVICE From To		B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER			E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DAYS OF UNITS	H. EPSDT Family Plan	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1											NPI	
2											NPI	
3											NPI	
4											NPI	
5											NPI	
6											NPI	

- A Item 19**
Some payers may require drug name, total dosage, method of administration, and 11-digit NDC to be provided in Item 19.²
- B Item 21**
Enter appropriate site-specific ICD-10-CM diagnosis code(s) based on the patient's documented medical record.³
- C Item 24A and 24B**
Enter the date of service and the appropriate place of service code. In the red shaded area, enter the NDC qualifier "N4" followed by the 11-digit NDC, the quantity qualifier, and the quantity administered.³
- D Item 24D**
Enter the appropriate HCPCS code for PADCEV® (enfortumab vedotin-efjv): J9177.⁴ Enter the appropriate CPT® code³ for the administration service.³ If applicable, discarded product should be reported on a separate line with the HCPCS code and JW modifier.⁵
- E Item 24E**
Enter the diagnosis code reference letter or number from Item 21 that relates to the product or procedure listed in Item 24D.³
- F Item 24G**
Report billing units here. 0.25 mg = 1 billing unit. Actual units reported will vary by dosage required for each individual patient.^{2,4}

This sample form is provided for informational purposes only. The accurate completion of claims documentation is the responsibility of the healthcare provider. Astellas and Seagen do not guarantee reimbursement for any services or products.

References: 1. Centers for Medicare & Medicaid Services. CMS forms. <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS1500.pdf>. Accessed 02-01-2021. 2. Centers for Medicare & Medicaid Services. Billing and coding guidelines for drugs and biologics (non-chemotherapy). https://downloads.cms.gov/medicare-coverage-database/lcd_attachments/34741_55/BCG_L34741.pdf. Accessed 02-01-2021. 3. Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 26 – completing and processing form CMS-1500 data set. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf>. Accessed 02-01-2021. 4. Centers for Medicare & Medicaid Services. Healthcare Common Procedure Coding System (HCPCS) Level II Coding Procedures. (09-16-2020). <https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/Downloads/2018-11-30-HCPCS-Level2-Coding-Procedure.pdf>. Accessed 02-01-2021. 5. Centers for Medicare & Medicaid Services. Medicare claims processing manual chapter 17 – drugs and biologics (08-28-2020). <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf>. Accessed 02-01-2021.

CPT® = Current Procedural Terminology; HCPCS = Healthcare Common Procedure Coding System; ICD-10-CM = International Classification of Diseases, 10th Revision, Clinical Modification; NDC = National Drug Code.
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