## Coding and Billing Units: PHYSICIAN OFFICE CMS-1500 FORM

	CE CLAIM FORM IM CLAIM COMMITTEE (NUCC) 02/12	CARRIER —→
PICA  1. MEDICARE MEDICAID	TRICARE CHAMPVA GROUP FECA	PICA TO A TO
(Medicare #) (Medicaid #)	TRICARE CHAMPVA GROUP FECA  (ID#/DoD#) (Member ID#) (ID#)  (ID#/DoD#) (Member ID#) (ID#)	OTHER 1a. INSURED'S I.D. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, F	First Name, Middle Initial)  3. PATIENT'S BIRTH DATE  MM   DD   YY	SEX 4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Stre	et) 6. PATIENT RELATIONSHIP TO INSI	SURED 7. INSURED'S ADDRESS (No., Street)
CITY	STATE 8. RESERVED FOR NUCC USE	Other CITY STATE
710.0005		THOM IN THE PROPERTY OF THE PR
<del>-</del>	TELEPHONE (Include Area Code)	ZIP CODE TELEPHONE (Include Area Code)  ATED TO: 11. INSURED'S POLICY GROUP OR FECA NUMBER
tem 19	me. First Name, Middle Initial) 10. IS PATIENT'S CONDITION RELA	
nter the following:	a. EMPLOYMENT? (Current or Previo	
Drug name <sup>1</sup> : EMPLICITI®	b. AUTO ACCIDENT?	Item 24L
(elotuzumab)		Enter the relevant diagnosis code referen
Total dosage and strength <sup>1</sup>	Item 21	letter or number from Box 21 that relates
Method of administration	BRAM NAM Enter site-specific ICD-10-CM co	odes doubte to the date of service and the services or
11-digit NDC: 00003229111	for the type of multiple myeloma l	being procedures performed that are entered o
or 00003452211	payment of treated.1	that same line under 24D.1
Basis of measurement	DATE	SIGNE
MM DD YY QUA  17. NAME OF REFERRING PROVI  19. ADDITIONAL CLAIM INFORMA  21. DIAGNOSIS OR NATURE OF I  A. L.	DER OR OTHER SOURCE 17a. 17b. NPI TION (Designated by NUCC)	YY  16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROV  18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM M DD YY FOM TO  20. JUTSIDE LAB?  27. RESUBMISSION CODE  ORIGINAL REF. NO.
E. L. 1. L. 24. A. DATE(S) OF SERVICE From To MM DD YY MM DD	F.	23. PRIOR AUTHORIZATION NUMBER  E. F. G. H. I. J.  DIAGNOSIS POINTER \$ CHARGES UNITS PRIOR QUAL. PROVIDER ID. #
1		POIN 2R \$ CHARGES ON PRINT PRINT OUAL. PROVIDER ID. #
tem 24A	Item 24D	Item 24G
1	Item 24D • Enter HCPCS code J9176. The	~
tem 24A	• Enter HCPCS code J9176. The	Item 24G
tem 24A DC information is required		Item 24G  • Billing units are reported here  • 1 mg = 1 billing unit
tem 24A DC information is required the shaded area above	Enter HCPCS code J9176. The infusion time corresponds to CPT† code 96413 for EMPLICIT	Item 24G  • Billing units are reported here¹  • 1 mg = 1 billing unit
tem 24A DC information is required the shaded area above line on which a drug is	• Enter HCPCS code J9176. The infusion time corresponds to CPT <sup>†</sup> code 96413 for EMPLICIT infusion, and 96415 for each	Item 24G  • Billing units are reported here  • 1 mg = 1 billing unit
tem 24A DC information is required the shaded area above line on which a drug is eported in 24D.*1	• Enter HCPCS code J9176. The infusion time corresponds to CPT† code 96413 for EMPLICIT infusion, and 96415 for each additional hour for infusions longer than 90 minutes 1.3.4	Item 24G  • Billing units are reported here • 1 mg = 1 billing unit  NPI  28. TOTAL CHARGE  29. AMOUNT PAID  30. Rsvd for NUCC use s
tem 24A DC information is required the shaded area above line on which a drug is eported in 24D.*1  31. SIGNATURE OF PHYSICIAN CINCLUDING DEGREES OR OF (I certify that the statements on	• Enter HCPCS code J9176. The infusion time corresponds to CPT† code 96413 for EMPLICIT infusion, and 96415 for each additional hour for infusions longer than 90 minutes 1.3.4	Item 24G  • Billing units are reported here  • 1 mg = 1 billing unit
tem 24A DC information is required the shaded area above e line on which a drug is ported in 24D.*1  31. SIGNATURE OF PHYSICIAN C INCLUDING DEGREES OR OF	• Enter HCPCS code J9176. The infusion time corresponds to CPT <sup>†</sup> code 96413 for EMPLICIT infusion, and 96415 for each additional hour for infusions longer than 90 minutes <sup>1.3,4</sup>	Item 24G  • Billing units are reported here • 1 mg = 1 billing unit  NPI  28. TOTAL CHARGE  29. AMOUNT PAID  30. Rsvd for NUCC use s

This sample form is for informational purposes only.

Abbreviations: CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Code System; NDC=National Drug Code.

- \*The NDC is preceded by the qualifier N4 and followed by the quantity qualifier (UN) and the quantity administered beginning in position 14.1 For example, use "N400003229111UN1" for the 300-mg vial or "N400003452211UN1" for the 400-mg vial.2
- † CPT codes and descriptions only are ©2020 by American Medical Association (AMA). All rights reserved. The AMA assumes no liability for data contained or not contained herein. CPT is a registered trademark of the American Medical Association.

The accurate completion of reimbursement- or coverage-related documentation is the responsibility of the healthcare provider and patient. Bristol-Myers Squibb and its agents make no guarantee regarding reimbursement for any service or item.

## References

- 1. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26 Completing and Processing Form CMS-1500 Data Set. Revision 4472, December 5, 2019. http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c26.pdf. Accessed June 22, 2020.
- 2. EMPLICITI [package insert]. Princeton, NJ: Bristol-Myers Squibb Company.
- 3. American Medical Association. 2020 HCPCS Level II. Professional ed. Chicago, IL: American Medical Association; 2020.
- 4. American Medical Association. Current Procedural Terminology 2020. Professional ed. Chicago, IL: American Medical Association; 2019.
- 5. Centers for Medicare & Medicaid Services. MLN Matters, Number MM9603 Revised. https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9603.pdf. Revised June 10, 2016. Accessed June 22, 2020.