# 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 | PICA | CARRIER

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.

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

DATE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services des...

SIGNED

**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

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

15. OTHER DATE QUAL. MM DD YY

16. DATES PA... FROM

...AME OF REFERRING PROVIDER OR OTHER SOU...

18. HOSPITALI... FROM

19. ...DDITIONAL CLAIM INFORMATION (Designated by ...

20. OUTSIDE L... YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY

A. XXX.XX B. E. F. I. J.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR A...RIZATION NUMBER

**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.

| 24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY | B. PLACE OF SERVICE | C. EMG | D. CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 N470114044101ML0.05 | | | | | | | | | | |
| MM DD YY MM DD YY | | | 67028 | –RT | A | | | | NPI | |
| | | | Q5128 | JZ | A | | 5 | | NPI | |

**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

26. PATIENT'S AC... | AMOUN...

32. SERVICE FACI... | PH # ( )

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)

PATIENT AND INSURED INFORMATION | ...IER INFORMATION

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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