

Sample CMS-1500 Claim Form

Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of documentation used in seeking coverage or reimbursement. All services must be medically appropriate and properly supported in the patient medical record.

Field 19 – NDC Number 1

Enter the name, generic, dose, and billing unit of 1.

Example: Akynzeo (fosnetupitant 235 mg/palonosetron 0.25 mg), NDC 69639-0102-01 (single-dose vial), 1 unit

Field 21 – Diagnosis Code(s) 2

Enter the appropriate diagnosis codes.

Requirements for diagnosis coding will vary by payer, so please check with the payer to verify coding requirements.

Field 24D – Procedures, Services, or Supplies 3

Enter the appropriate HCPCS and CPT codes.

Examples:

- CPT code: 96367, intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour
- HCPCS code, non-Medicare claim: J3490

Field 24G – Days or Units 4

Enter the appropriate number of units.

Examples: Enter "1" for a single-dose vial of fosnetupitant 235 mg/palonosetron 0.25 mg

The image shows a sample CMS-1500 Health Insurance Claim Form. The form is titled "HEALTH INSURANCE CLAIM FORM" and includes a header with the number "1500". The form is divided into several sections, with numbered callouts 1 through 4 highlighting specific areas:

- Callout 1:** Points to the "1. MEDICARE, MEDICAID, PRIVATE, GROUP, OTHER" section, which includes checkboxes for various insurance types.
- Callout 2:** Points to the "2. PATIENT'S NAME (Last Name, First Name, Middle Initial)" field.
- Callout 3:** Points to the "24. DATES OF SERVICE" section, which includes fields for "FROM" and "TO" dates, and "DAYS" and "UNITS".
- Callout 4:** Points to the "24. DATES OF SERVICE" section, specifically the "UNITS" field.

The form also includes fields for patient information (address, relationship, status), insurer information (name, address, policy number), and provider information (signature, date, NPI). The form is marked with "NUCC Instruction Manual available at: www.nucc.org" and "OMB APPROVAL PENDING".

For more information about AKYNZEO, please see the [full Prescribing Information](#).

For more information, call 1-84HELSINN-U (1-844-357-4668, select prompt 2).