

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 (injection, fosnetupitant 235 mg/palonosetron 0.25 mg), NDC 69639-0102-01 (single-dose vial), 1 unit, **J code: J1454**

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, **J1454**, Akynzeo (injection, fosnetupitant 235 mg/palonosetron 0.25 mg)

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 various fields for patient information, insurance details, and provider information. Numbered callouts 1 through 4 are placed on the form to indicate the locations of the examples provided in the text blocks:

- 1:** Field 19 (NDC Number) in the "MEDICARE, MEDICAD, PRIVATE, OTHER" section.
- 2:** Field 21 (Diagnosis Code(s)) in the "PATIENT'S ICD-9-CM DIAGNOSIS" section.
- 3:** Field 24D (Procedures, Services, or Supplies) in the "SERVICES OR SUPPLIES" section.
- 4:** Field 24G (Days or Units) in the "QUANTITY" section.

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).