CMS-1500 Form: Physician Office Sample Claim Form

Note: This Sample Form is presented for illustrative purposes only; it does not constitute advice or a recommendation as to the correct coding choices to be used for each specific patient. Each provider is responsible for completing forms and choosing codes based upon services rendered and medical judgments made for each patient.

① Item 19: Additional Claim Information

Payers typically require the drug name, total dosage and strength, method of administration, 11-digit NDC, and basis of measurement entered on Item 19.[1]

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.	15. OTHER DATE QUAL. MM DD YY	16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY MM DD YY FROM TO
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	17a. 17b. NPI	18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY MM DD YY FROM TO
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? $ CHARGES ☐ YES ☐ NO

② Item 21: Diagnosis Code(s)

Enter the appropriate ICD-10-CM diagnosis code(s) to describe the patient's condition; code reported should reflect the highest level of specificity.[1]

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind.	22. RESUBMISSION CODE ORIGINAL REF. NO.
A. C50.111 B. L_____ C. L_____ D. L_____ E. L_____ F. L_____ G. L_____ H. L_____ I. L_____ J. L_____ K. L_____ L. L_____	23. PRIOR AUTHORIZATION NUMBER

③ Item 24A: Date(s) of Service

Enter the date of service.

Note: If NDC reporting is required, enter the NDC information in the shaded portion of Item 24A, above the date of service. 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 "N400517430001UN100" for one 100 mg vial of Paclitaxel Protein-Bound Particles for Injectable Suspension (Albumin-Bound).

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
N400517430001UN100 07 02 23									NPI
									NPI
									NPI

④ Item 24D: Product and Procedure Codes

Enter the appropriate HCPCS code (J9264). If you will be recording waste, it is required that you enter J9264-JW on the next line.[1]

NOTE: The unique J Code J9259 for American Regent's Paclitaxel Protein-Bound Particles has been discontinued. Effective January 1, 2025, please use the J Code J9264 designated for Abraxane® Injection, paclitaxel protein-bound particles, 1 mg.

Enter the appropriate CPT code(s) for drug administration services based on the actual service performed. For example, a chemotherapy IV infusion lasting at least 16 minutes would be reported using CPT code 96413 - Chemotherapy administration, intravenos infusion technique; up to 1 hour, single or initial substance/drug.

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
			J9264						NPI
			J9264 JW						NPI
			J9264						NPI

⑤ Item 24E: Diagnosis Pointer

Specify the diagnosis code reference letter from Item 21 that corresponds to each HCPCS or CPT code.[1]

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
			J9264	C					NPI
			J9264 JW	C					NPI
			J9264	C					NPI

⑥ Item 24G: Service Units

Report units of service for each HCPCS code here. For HCPCS J9264, 1 mg = 1 service unit. The service units for the line time with the JW modifier (when applicable) should reflect the unused portion of the 100 mg single-dose vial.

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	E. DIAGNOSIS POINTER	F. $ CHARGES	G. DAYS OR UNITS	H. EPSDT Family Plan	I. ID. QUAL	J. RENDERING PROVIDER ID. #
			J9264	C		xx			NPI
			J9264 JW	C		yy			NPI
			J9264	C					NPI

REFERENCE:

Completing and processing form CMS-1500 data set. Medicare Claims Processing Manual. Revision 11037. Baltimore, MD: Centers for Medicare & Medicaid Services; May 27, 2022. Accessed December 12, 2024. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26pdf.pdf