

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 Form Locator (FL) 42: Revenue Codes

Enter the appropriate 4-digit revenue code that best describes the service provided, in accordance with hospital billing policy.¹ CMS recommends using revenue code 0636 (drugs requiring detailed coding).¹

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0636					
0636					

2 FL 43: Description

If NDC reporting is required, enter the modifier "N4," followed by the 11-digit NDC in positions 01-13.¹ For example, use "N4005174300001UN100" for one 100 mg vial.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0636	N400517430001UN100				
0636					

3 FL 44: Product and Procedure Codes

Enter the HCPCS code (J9264) and code for the outpatient service (and modifier[s], if applicable).¹ It is required that you enter J9264-JW on the next line to record waste, if necessary.

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.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0636	N400517430001UN100	J9264			
0636		J9264-JW			

4 FL 46: Service Units

Enter the billing units (referred to as service units here) for each HCPCS code.¹ For HCPCS code J9264, 1 mg = 1 billing/service unit. The billing/service units for the line item with the JW modifier (when applicable) should reflect the unused portion of the 100 mg single-dose vial.

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES
0636	N400517430001UN100	J9264		XX	
0636		J9264-JW		YY	

5 FL 67: Diagnosis Code

Enter the appropriate ICD-10-CM diagnosis code(s) to describe the patient's condition; code reported should reflect the highest level of specificity.⁶

86 ICDX	C50.111	A	B	C	D	E	F	G	H	68

6 FL 80: Remarks

Some payers require detailed information about the drug. The drug name, total dosage and strength, method of administration, 11 digit NDC, and basis of measurement are typically required in this section.¹

80 REMARKS	81CC a	78 OTHER	NPI	QUAL
	b	LAST	FIRST	
	c	79 OTHER	NPI	QUAL
	d	LAST	FIRST	

REFERENCES

Completing and processing the form CMS-1450 data set. Medicare Claims Processing Manual. Revision 10880. Baltimore, MD: Centers for Medicare & Medicaid Services; August 6, 2021. Accessed December 12, 2024. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c25.pdf>