

Physician's office: Sample CMS-1500 claim form

The CMS-1500 form is used to bill for ZUSDURI™ (mitomycin) for intravesical solution in a urology practice setting. Refer to the notes below when populating the fields, which are essential information required by plans for reimbursement. You are required to code to the highest level of specificity. Contact the third-party payer if you have questions about their specific procedures. The image shown is not a complete depiction of the CMS-1500 form; portions of the full form are not shown.

Box 19

Comment field

This area may be used to list the drug name, NDC number, the route of administration, and the amount administered. When billing with a miscellaneous code, wastage is recorded here. Example: If a patient receives 75 mg from an 80-mg vial of medication, the 5 mg wastage is recorded as "ME5JW."

Box 21

Diagnosis code(s)

Enter the appropriate ICD-10-CM diagnosis code(s).

ICD-10 codes for bladder cancer may include:

- C67 Malignant neoplasm of bladder
- C67.0 Malignant neoplasm of trigone of bladder
- C67.1 Malignant neoplasm of dome of bladder
- C67.2 Malignant neoplasm of lateral wall of bladder
- C67.3 Malignant neoplasm of anterior wall of bladder
- C67.4 Malignant neoplasm of posterior wall of bladder
- C67.5 Malignant neoplasm of bladder neck
- C67.6 Malignant neoplasm of ureteric orifice
- C67.7 Malignant neoplasm of urachus
- C67.8 Malignant neoplasm of overlapping sites of bladder
- C67.9 Malignant neoplasm of bladder, unspecified

Box 21

ICD indicator

Enter the ICD indicator as a single digit between the vertical, dotted lines:
0 – ICD-10-CM diagnosis.

Box 24A

Dates of service

In the non-shaded area, list the date of service. In the shaded area, give a detailed drug description. List the N4 indicator first, then the 11-digit NDC number. Third is the unit of measurement qualifier; the unit quantity is listed at the end. (Note: Some payers may ask for the NDC number in Box 19.)

Box 24B

Place of service

Enter the appropriate site of service code:
11 – Physician's office

Box 24D

HCPSC and CPT® codes

Product

Bill for ZUSDURI with the following HCPSC codes (*codes applicable depending on the health plan*):
J9999 – Not otherwise classified, antineoplastic drugs
J3490* – Unclassified drugs
J3590* – Unclassified biologics

Administration procedure

Enter the CPT® code that accurately describes the administration service performed. Use CPT® code 51720 for bladder instillation of an anticarcinogenic agent.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY				15. OTHER DATE QUAL MM DD YY				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY			
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NAME 17b. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) 72493010603 ZUSDURI Instillation ME75 ME5JW			
20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate A-L to service line below (24E)) A. ICD Ind 0 B. ICD Ind 0 C. ICD Ind 0 D. ICD Ind 0 E. ICD Ind 0 F. ICD Ind 0 G. ICD Ind 0 H. ICD Ind 0 I. ICD Ind 0 J. ICD Ind 0 K. ICD Ind 0 L. ICD Ind 0				22. RESUBMISSION CODE ORIGINAL REF. NO.			
23. PRIOR AUTHORIZATION NUMBER				24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. (PST) PAY/PAY I. ID QUAL J. RENDERING PROVIDER ID. #				25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For opt-out, see 30.3) YES NO 28. TOTAL CHARGE 29. AMOUNT PAID 30. Rsvd. for NUCC Use			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # ()			
SIGNED DATE				PLEASE PRINT OR TYPE				APPROVED OMB-0538-1197 FORM 1500 (02-12)			

Box 24G

Days or service units

Enter the appropriate number of units instilled for ZUSDURI. When using the miscellaneous J-code, the unit amount is 1.

*Code used where applicable.

CPT, Common Procedural Terminology; HCPSC, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

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