

Sample CMS-1500 and UB-04 Claim Forms

The codes listed are for general information, are subject to change, and may not apply to all patients or all insurers. The information provided is not intended to suggest any manner in which you can increase or maximize reimbursement from any payer or efficacy of the product. Bausch + Lomb does not guarantee that the use of these codes will result in reimbursement.

Providers should use their clinical judgment when selecting codes and submitting claims to accurately reflect the services and products provided to a specific patient.

NOTE:

For Medicare, Medicaid, and government payers, use of the CMS-1500 claim form may be appropriate for treatment with XIPERE® in a non-institutional ASC. For commercial claims, please consult with the applicable third-party payer.

Payers may require use of the electronic version of the CMS-1500 (837P).

Box 19

Some payers may ask providers to specify the NDC code in addition to product brand and generic name, dose, and route of administration

Box 21

Enter the appropriate ICD-10-CM code(s) for the patient's diagnosis/condition. Some payers may require two separate diagnosis codes when billing for macular edema associated with noninfectious uveitis¹

Box 24A

Enter N471565004001ML0.9^{2,3}

Box 24D

Enter the appropriate CPT® code. Enter CPT® modifiers for left side, right side, or bilateral as appropriate⁴

Box 24D

Effective 7/1/22: use HCPCS code J3299 for XIPERE®5

Sample CMS-1500 Claim Form for Billing in the Physician Office and Non-institutional Ambulatory Surgery Center (ASC)

JEX-10							
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	ORM CLAIM COMMITTEE (NUC						
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(Medicare#) (Medicaida PATIENT'S NAME (Last Name		(reserraber at	3. PATIENT'S BIRTH DATE	SEX	000-00-1234 4. INSURED'S NAME (La		iddle Initial)
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PATIENT'S ADDRESS (No., S			6. PATIENT RELATIONSHIP TO INSURED		7. INSURED'S ADDRESS (No., Street)		
3914 Spruce Street		Self X Spouse Child Other 8. RESERVED FOR NUCC USE		3914 Spruce Street			
Anytown		AS	6. RESERVED FOR NOCC (J3E	Anytown		AS
IP CODE	TELEPHONE (Include Area Co	ode)			ZIP CODE		(Include Area Code)
01010 (203) 555-1234				01010) 555-1234	
OTHER INSURED'S NAME (L	ast Name, First Name, Middle In	itial)	10. IS PATIENT'S CONDITION	IN RELATED TO:	11. INSURED'S POLICY	GROUP OR FECA NUM	IBER
OTHER INSURED'S POLICY	OR GROUP NUMBER		a. EMPLOYMENT? (Current	or Previous)	a. INSURED'S DATE OF	BIRTH	SEX
			YES	NO	M F		
b. RESERVED FOR NUCC USE			b. AUTO ACCIDENT? PLACE (State)		b. OTHER CLAIM ID (Designated by NUCC)		
2. RESERVED FOR NUCC USE			c. OTHER ACCIDENT?	NO .	c. INSURANCE PLAN NA	ME OR PROGRAM NA	ME
			YES	NO			
I. INSURANCE PLAN NAME OR PROGRAM NAME			10d. CLAIM CODES (Design	ated by NUCC)	d. IS THERE ANOTHER HEALTH BENEFIT PLAN?		N?
Medicare READ BACK OF FORM BEFORE COMPLETING						items 9, 9a, and 9d.	
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SIGNED			DATE		SIGNED		
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For full Prescribing Information, <u>click here</u> or see accompanying full Prescribing Information. See reverse for Sample UB-04 Claim Form.

References: 1. ICD-10-CM Expert for Physicians: the complete official code set 2022. United States; Optum360, LLC; 2021. 2. XIPERE® Prescribing Information. Clearside Biomedical, Inc. 3. BlueCross BlueShield of New Mexico. National Drug Code (NDC) Billing Guidelines. Accessed July 28, 2022. https://www.bcbsnm.com/pdf/ndc-billing-guidelines.pdf 4. American Medical Association. CPT® 2022 Professional Edition. United States; American Medical Association; 2021. 5. Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS) Application Summaries and Coding Recommendations. CMS website. Accessed July 28, 2022. https://www.cms.gov/files/document/2022-hcpcs-application-summary-quarter-1-2022-drugs-and-biologicals.pdf 6. NDC Billing Units Calculators. Harris County Medical Society website. Accessed July 28, 2022. https://www.hcms.org/TMAIMIS/HARRIS/assets/PRACTICE_RESOURCES/Tools-Resources/NDC_BillingUnitCalculator.xlsx



Sample CMS-1500 and UB-04 Claim Forms

Sample UB-04 Claim Form for Billing in the Hospital Outpatient Department NOTE: For Medicare, Medicaid, and (HOPD) and Institutional Ambulatory Surgery Center (ASC) government payers, use of the UB-04 claim form may be appropriate for treatment with Anytown Hospital Pay-to-name 4 TYPE OF BILL XIPERE® in an institutional ASC. b. MED. DOE 1234-56 160 Main Street Pay-to-address For commercial claims, please TEMENT COVERS PERIOD Anytown, Anystate 01010 Pay-to-city/state 5 FED. TAX NO. consult with the applicable 010001010 third-party payer. Jim A. Smith 29 Maple Ave Payers may require use of Jim A. Smith o AS d 01234 Anytown the electronic version of the 6/28/47 UB-04 (837I). **AHA Revenue Code Boxes 42 & 43** Enter the appropriate AHA 44 HCPCS / RATE / HIPPS CODE N471565004001ML0.9 J3299 Revenue Code. In Box 43, enter Amount of drug administered N471565004001ML0.9^{2,3} J3299 JW Amount of drug discarded after injection **Box 44** Effective 7/1/22: use HCPCS CPT code code J3299 for XIPERE® **Box 46** J3299 has a unit description IMPORTANT: of 1 mg; report a total of If modifier JW is required in Box 36 billing units for a 4 mg 44: Below the line that shows the injection of XIPERE®.5,6 For HCPCS code and the amount of example, enter 4 billing units drug administered, enter the same for the amount administered HCPCS code with modifier JW and, on a separate line, enter and the amount discarded in Box 32 billing units discarded using 46 if there is drug waste modifier JW, for a total of 36

51 HEALTH PLAN ID

Box 44

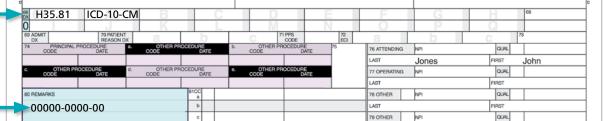
Enter the appropriate CPT® code. Enter CPT® modifiers for left side, right side, or bilateral as appropriate⁴

Box 66

Enter the appropriate ICD-10-CM code(s) for the patient's diagnosis/condition. Some payers may require two separate diagnosis codes when billing for macular edema associated with noninfectious uveitis¹

Box 80

Some payers may ask providers to specify the NDC code in addition to product brand and generic name, dose, and route of administration



CREATION DATE

64 DOCUMENT CONTROL NUMBER

For full Prescribing Information, <u>click here</u> or see accompanying full Prescribing Information. See reverse for Sample CMS-1500 Claim Form.

NUBC National Distorm

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PAGE

63 TREATMENT AUTHORIZATION CODES

Medicare

58 INSURED'S NAME

OF



billing units

56 NP

TOTALS

61 GROUP NAME