

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

SAMPLE CMS-1500 CLAIM FORM
TOTECT® (dexrazoxane hydrochloride)
Days 2 and 3

Form sections 1-13 including patient information, insurance details, and signature lines.

Item 21 - Diagnosis Code: Enter the ICD-9 code(s) that best describe the diagnosis, symptom or complaint for which the listed items or services were provided.

Item 24E - Diagnosis Pointer: Enter the line number from Item 21 that is the primary reason for the item or service reported on each line.

Item 24D - Drug Code: Enter HCPCS code J1190 (injection, dexrazoxane hydrochloride, per 250 mg) to report that TOTECT® was provided incident to a physician's service.

Item 24D - Drug Infusion Codes: In this example, TOTECT® is the only drug administered on Days 2 and 3. When that is the case, CPT code 96365 may be reported for drug infusion time that is longer than 15 minutes but shorter than 91 minutes.

Item 24G - Days or Units for TOTECT® (J1190): Enter the number of 250 mg billing units (NOT THE NUMBER OF VIALS) used to treat the patient on the date of service.

Item 24G - Days or Units for Drug Administration: For CPT code 96365, enter 1 unit for administration time up to and including 90 minutes.

Table with columns for Date of Service, HCPCS Code, Diagnosis Pointer, CPT/HCPCS, Modifier, and Charges. Includes handwritten entries for J1190, 96365, and 96366.