

Sample CMS-1500 Claim Form for Physician Office Billing: CIMERLI® (ranibizumab-eqrn) Injection with Q-code (effective 4/1/23)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE <input type="checkbox"/> MEDICAID <input type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP HEALTH PLAN <input type="checkbox"/> FECA BLK (LUNG) <input type="checkbox"/> OTHER <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street)		6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
CITY STATE		7. INSURED'S ADDRESS (No., Street)	
ZIP CODE TELEPHONE (Include Area Code)		CITY STATE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>		a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>	
b. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) _____		b. OTHER CLAIM ID (Designated by NUCC)	
c. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/>		c. INSURANCE PLAN NAME OR PROGRAM NAME	
10d. CLAIM CODES (Designated by NUCC)		11. INSURED'S POLICY GROUP OR FECA NUMBER	
12. DATE OF CURRENT ILLNESS, INJURY, OR PREGNANCY MM DD YY QUAL _____		13. DATE(S) OF SERVICE MM DD YY MM DD YY	
14. NAME OF REFERRING PROVIDER OR OTHER SOURCE		15. OTHER DATE MM DD YY QUAL _____	
16. DATES PAID FROM MM DD YY TO MM DD YY		17. HOSPITALITY FROM MM DD YY TO MM DD YY	
18. OUTSIDE YES <input type="checkbox"/> NO <input type="checkbox"/>		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	
CIMERLI (ranibizumab-eqrn), intravitreal injection, [0.5 mg/0.05 mL OR 0.3 mg/0.05 mL]		20. OUTSIDE YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. DIAGNOSIS OR NAT A. XXXX.XX E. I. I.		22. ORIGINAL REF. NO. NUMBER	
23. DATE(S) OF SERVICE MM DD YY MM DD YY		24. A. DATE(S) OF SERVICE MM DD YY MM DD YY	
N470114044101ML0.05		67028 -RT A	
Q5128 JZ A		5	
25. PATIENT'S ACC		26. PATIENT'S ACC	
32. SERVICE FACILITY		33. SERVICE FACILITY	
SIGNED DATE		SIGNED DATE	

Item 19

- Name of drug: CIMERLI® (ranibizumab-eqrn)
- Dosage, Strength, Unit of measure (UOM)
 - Select the appropriate dose strength from between 0.5 mg/0.05 mL or 0.3 mg/0.05 mL
- Route of administration: intravitreal injection

Item 21 Diagnosis

Enter the appropriate ICD-10-CM diagnosis code(s) based on clinical diagnosis

Item 24E Diagnosis pointer

Specify diagnosis from Item 21, relating to each HCPCS code listed in item 24D

Item 23 Prior Authorization

Enter the PA number as obtained before services were rendered.

Item 24A Date(s) of service

- In the shaded area enter qualifier "N4", the 11-digit National Drug Code, the UOM (mL) and the unit quantity.
 - 70114-0441-01: 0.5 mg/0.05 mL (10 mg/mL) vial
 - 70114-0440-01: 0.3 mg/0.05 mL (6 mg/mL) vial
- Enter Date(s) of Service

Item 24D Description of procedures and services

Indicate appropriate HCPCS and CPT codes for product and services:
For example:

- Administration: 67028 for intravitreal injection
- Drug: Q5128 for CIMERLI®

Item 24G Billable Units

Specify the billing units. Billable units for CIMERLI® are in 0.1 mg increments.
For example
0.5 mg = 5 billable units
0.3 mg = 3 billable units

This sample claims form is for informational purposes only and does not replace a medical provider's professional judgment. Before initiating CIMERLI® treatment, the patient's health insurance provider should be contacted to confirm coverage, coding, and claims submission procedures. All claims should be reviewed for completeness, accuracy, and correct documentation from the patient's medical record. Coherus BioSciences does not guarantee CIMERLI® coverage or reimbursement.