

# Sample CMS-1450 Claim Form

The sample **CMS-1450** claim form below shows the appropriate fields to complete when using the recommended dose of BENLYSTA. In this scenario, the specific payer, Medicare, requires providers to report using **J0490** for BENLYSTA on one line in **Boxes 42-47**.

### Boxes 42-43

Enter the appropriate revenue code and description corresponding to the HCPCS code listed in Box 44.

### Box 44

Enter the appropriate HCPCS (J0490) and CPT® codes.

Enter the appropriate number of units of waste (if applicable) and include the JW modifier in Box 44.

If no amount of drug was discarded, include the JZ modifier in Box 44.

Include IV route of administration modifier JA in Box 44.

### Box 46

Document the number of units used for each line item. Ensure that the appropriate dose (relative to indication) is reported for the associated HCPCS code.

### Box 66

Enter the appropriate diagnosis code(s).

1		2		3a PRT CNTL # 3b NBER REC #		4 TYPE OF BILL	
				5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 DATE		13 ADMISSION 13 HRI	
14 TYPE		15 SRC		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ACCT STATE	
30		31		32		33	
34		35		36		37	
38		39		40		41	
42 REV CD		43 DESCRIPTION		44 HCPCS / RATE / NPIPS CODE		45 SERV. DATE	
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