Sample CMS-1450 Claim Form

The sample **CMS-1450** claim form below shows the appropriate fields to complete when using the recommended dose of EXDENSUR. In this scenario, the specific payer, Medicare, requires providers to report using **J3490, J3590, C9399** for EXDENSUR 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 (J3490, J3590, C9399) and CPT® codes.

If no amount of drug was discarded, include the JZ modifier 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).

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0636	Drugs requiring detailed coding (EXDENSUR)	JXXXX	01-01-25	1	XXX XX		
0250	General pharmacy	96372	01-01-25	1	XXX XX		

Questions?

Call your Access and Reimbursement Manager (ARM) or Together with EXDENSUR at 1-844-CALL-TwGSK (1-844-225-5894) Monday-Friday, 8 AM to 8 PM ET.

Payers may have different requirements regarding the use of billing and diagnosis codes. Please confirm requirements with individual payers or check with your ARM for additional information.

The suggestions contained on this form are compiled from sources believed to be accurate for the Medicare Part B program, but GSK makes no representation that the information is accurate or that it will comply with the requirements of any particular Medicare Administrative Contractor (MAC) or payer. You are solely responsible for determining the billing and coding requirements applicable to any payer or MAC.

CPT®=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System.

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