

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.

1		2		3a PAT. CNTL # b. MED. REC'D #		4 TYPE OF BILL													
				5 FED TAX NO.		6 STATEMENT COVERS PERIOD FROM _____ THROUGH _____													
8 PATIENT NAME a		9 PATIENT ADDRESS a		c		d													
9b		b		c		d													
10 BIRTHDATE		11 SEX 12 DATE ADMISSION 13 HR 14 TYPE 15 SRC 16 DHR		17 STAT 18 19 20 21		CONDITION CODES 24 25 26 27 28 29 ACCT# 30 STATE													
31 OCCURRENCE CODE DATE		32 OCCURRENCE CODE DATE		33 OCCURRENCE CODE DATE		34 OCCURRENCE CODE DATE		35 OCCURRENCE CODE DATE		36 OCCURRENCE SPAN FROM _____ THROUGH _____		37 OCCURRENCE SPAN FROM _____ THROUGH _____							
38																			
39 CODE		40 CODE		41 CODE		42 CODE		43 DESCRIPTION		44 HCPCS / RATE / HPPS CODE		45 SERV. DATE		46 SERV. UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES	
0636		Drugs requiring detailed coding (EXDENSUR)		JXXXX		01-01-25		1		XXX XX									
0250		General pharmacy		96372		01-01-25		1		XXX XX									
49		50		51		52		53		54		55		56		57		58	
PAGE		OF		CREATION DATE		TOTALS		59		60		61		62		63		64	
60 PAYER NAME		61 HEALTH PLAN ID		62 REL INFO		63 AGS BN		64 PRIOR PAYMENTS		65 EST. AMOUNT DUE		66 NPI		67		68			
A														A		B			
B														C		D			
C														E		F			
69		70		71		72		73		74		75		76		77			
69. ADMIT DX		70. PATIENT REASON DX		71. PPS CODE		72. ECR		73. ATTENDING NPI		74. PRINCIPAL PROCEDURE CODE		75. OTHER PROCEDURE CODE		76. ATTENDING NPI		77. OPERATING NPI			
74.		a. OTHER PROCEDURE DATE		b. OTHER PROCEDURE DATE		75.		LAST		a. OTHER PROCEDURE DATE		b. OTHER PROCEDURE DATE		LAST		LAST			
75.		c. OTHER PROCEDURE DATE		d. OTHER PROCEDURE DATE		76.		FIRST		c. OTHER PROCEDURE DATE		d. OTHER PROCEDURE DATE		FIRST		FIRST			
76.		77.		78.		79.		79 OTHER NPI		78 OTHER NPI		79 OTHER NPI		79 OTHER NPI		79 OTHER NPI			
77.		OPERATING		ATTENDING		LAST		QUAL		OPERATING		ATTENDING		LAST		QUAL			
78.		LAST		FIRST		LAST		FIRST		LAST		FIRST		LAST		FIRST			
79.		LAST		FIRST		LAST		FIRST		LAST		FIRST		LAST		FIRST			
80. REMARKS		BICC a																	
b																			
c																			
d																			
UB-04 CMS-1450		APPROVED OMB NO. 938-0997		AMERICAN MEDICAL BILLING ASSOCIATION		THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF													



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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