Utilizing the CMS-1500 and UB-04 forms

AstraZeneca Access 360™

We've identified portions of reimbursement forms where errors are likely to occur. Use this guide when completing these forms to ensure your patients receive the care they need

CMS-1500

ITEM 19

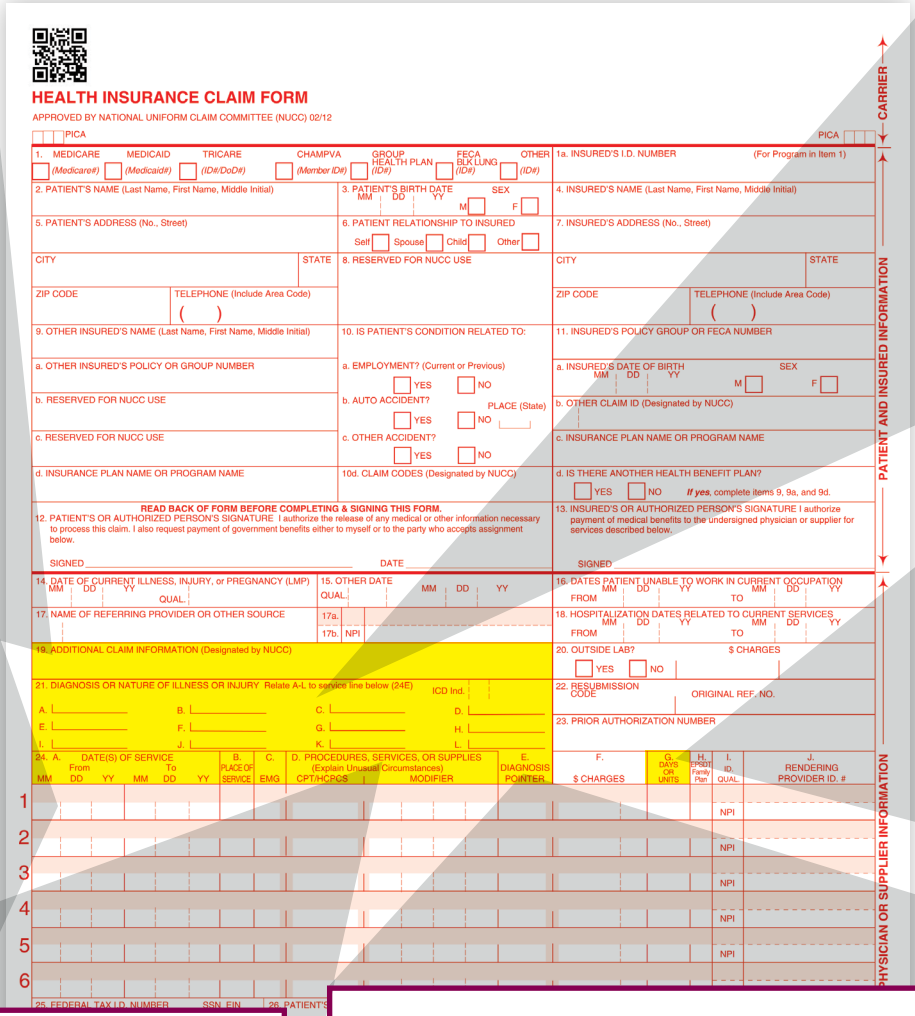
The following information is required if a miscellaneous code is used:

- Drug name
- Total dosage and strength
- Method of administration
- 11-digit NDC
- Basis of measurement

ITEM 24A

The following information is required:

- NDC information in the shaded area above the line on which a drug is reported in 24D



ITEM 21

The following information is required:

- Site-specific ICD-10-CM codes in priority order

ITEM 24G

The following information is required:

- Billing units

ITEM 24D

The following information is required:

- The specific HCPCS code
- Codes associated with recording waste

ITEM 24E

The following information is required:

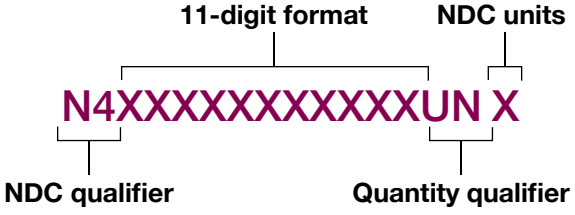
- Enter the relevant diagnosis code reference letter or number from Box 21 that relates to the date of service and the services or procedures performed that are entered on that same line under 24D

Claim NDC requirements (for filling out ITEM 19)

Reporting NDCs is required for Medicaid and Medicare/Medicaid claims. In general, NDC is reported for Healthcare Common Procedure Coding System (HCPCS) codes for physician-administered drugs to medicines and biologics. NDCs may also be reported to facilitate claims processing and may be required by payers. Accurate NDC reporting must include specific elements.

- **NDC qualifier (N4)**
- **NDC (11-digit format)**
- **NDC unit of measure qualifier**
- **NDC units**

NDC billing information must conform to the HIPAA 5010 standard and follows a specific format:



UB-04

ITEM 42

The following information is required:

- Revenue code corresponding to the code in item 44

ITEM 43

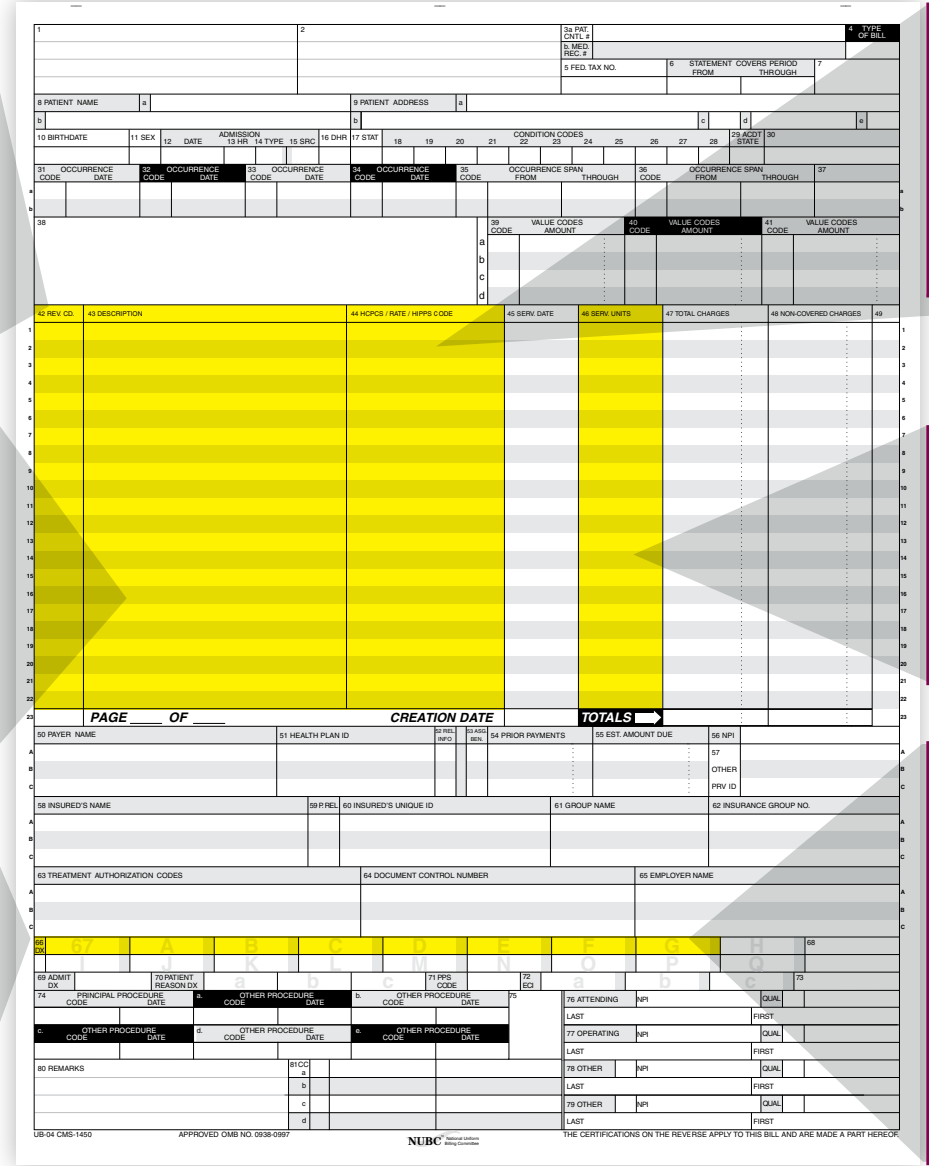
The following information is required:

- Name of product and the description of administrative service

ITEM 66

The following information is required:

- Diagnosis ICD-10-CM



ITEM 44

The following information is required:

- Appropriate HCPCS and/or CPT codes

ITEM 46

The following information is required:

- Appropriate number of units

ITEM 67A-67Q

The following information is required:

- The primary diagnosis code on line A,the secondary diagnosis code on line B, tertiary on line C, etc.

The suggestions contained on this form are for example only, and AstraZeneca makes no representation that the information is accurate or that it will comply with the requirements of any particular payer/insurer. Providers are solely responsible for determining the billing and coding requirements applicable to any payer/insurer. The information provided here is not intended to be conclusive or exhaustive, and is not intended to replace the guidance of a qualified professional advisor. AstraZeneca makes no warranties or guarantees, expressed or implied, concerning the accuracy or appropriateness of this information for your particular use. The use of this information does not guarantee payment or that any payment received will cover your costs.

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1-844-ASK-A360 (1-844-275-2360)

1-844-FAX-A360 (1-844-329-2360)

www.MyAccess360.com

Access360@AstraZeneca.com

One MedImmune Way, Gaithersburg, MD 20878