Sample Hospital Technical Billing
Medicare / Managed Medicare
Hospital Outpatient Prospective Payment System (HOPPS) Setting

Managed Medicare (e.g., Medicare MA Plan)
Submit claim to MA Plan, NOT MAC. MA plans vary, however typically require prior authorization and may dictate infusion site be part of their network, however out of network can be possible.

Form Locator 67 & 67 A-C:
Enter ICD-10-CM code for principle diagnosis in FL 67.
G31.84 Mild cognitive impairment, so stated
Enter CED Identifier in FL 67 A-C in primary or secondary diagnosis position, may vary by MAC
Z006 Encounter for exam for normal comparison and control in clinical research program

Form Locator 18-28:
Enter the condition “30” Qualifying Clinical Trials Non-research services provided to all patients, including managed care enrollees enrolled in a Qualified Clinical Trial.

Form Locators 39-41:
Enter code D4 & Clinical Trials No. 06170268
If paper claim include CT, CT06170268 if electronic submission do not include the CT

Form Locator 42:
Enter revenue codes.
0262 Intravenous therapy/pharmacy services
0636 Drug requiring detailed coding

Form Locator 44:
Enter CPT or HCPCS code for procedure, drug and modifier(s)
(Chose appropriate procedure(s) code(s) & HCPCS drug code based on infusion time & drug administered.)
96365 IV, infusion, for therapy, prophylaxis, or diagnosis (specific substance or drug) initial up to one hour
96366 IV, infusion, each additional hour
Or if appropriate 96413 Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance/drug
(includes highly complex biologic agent administration, eg, monoclonal antibody agents)
96415 Chemotherapy administration, IV infusion each additional hour
Choose the drug administered:
J0174 Injection, lecanemab-irmb, 1 mg
Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study
JW Investigational clinical service provided in a clinical research study in an approved clinical research study
JZ Investigational clinical service provided in a clinical research study in an approved clinical research study
Choose the drug administered and note if the full single dose was administered or if any portion was discarded; append the appropriate modifier JW, JZ.

Form Locator 46:
Enter the number of units based on the CPT or HCPCS code description and the dose administered to the patient.

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Sample Physician Office
Medicare/Managed Medicare
Non-Hospital Global

HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

1. MEDICARE
2. MEDICAID
3. TRICARE (ONE)
4. CHAMPVA
5. GROUP PLAN
6. FECA (DOM)
7. OTHER

11. INSURED'S POLICY GROUP OR EIN NUMBER
9876543210

R. OTHER CLAIM NO. (Designated by NCCI)

21. DIAGNOSIS OR TREATMENT OF ILLNESS OR INJURY
Dx. #1

24. DATE(S) OF SERVICE
01 24 24 01 24 24

25. PRIOR AUTHORIZATION NO.

Item No. 19:
Enter Clinical Trials Number CT06170268 (Mandatory requirement effective Jan. 1, 2014) if filing paper claim use CT in front of 8 digit number. If filing electronic claim, eliminate the CT and only list 8 digit number.

Item No. 21 & 24E:
Enter ICD-10-CM code for principle diagnosis in Item No. 21A.
Enter CED identifier in Item No. 21B, check with payer for placement
Enter ICD indicator 0 for ICD-10-CM
Enter Dx Ref. letter(s) corresponding to the procedure in Item No. 24E

G31.84 Mild cognitive impairment, so stated
Z006 Encounter for exam for normal comparison and control in clinical research program

Item No. 24B:
Enter Place of Service number.
11- Physician office

Item No. 24D:
Enter CPT or HCPCS code for procedure, drug and modifier(s)
(Choose appropriate procedure(s)/code(s) & HCPCS drug code based on infusion time & drug administered.)
96365 IV, infusion, therapy, prophylaxis, or diagnosis (specific substance or drug) initial up to one hour
96366 IV, infusion, each additional hour
Or if appropriate
96413 Chemotherapy administration, IV infusion technique, up to 1 hour, single or initial substance/drug
(includes highly complex biologic agent administration, eg. monoclonal antibody agents)
96415 Chemotherapy administration, IV infusion each additional hour
Choose the drug administered:
J0174 Injection, lecanemab-irmb, 1 mg
Q0 (zero) Investigational clinical service provided in a clinical research study in an approved clinical research study
JW Investigational clinical service provided in a clinical research study in an approved clinical research study
JZ Investigational clinical service provided in a clinical research study in an approved clinical research study

Choose the drug administered and document if the full single dose was administered, or if any portion was discarded; append the appropriate modifier JW, JZ.

Monthly Bonus

Managed Medicare (e.g., Medicare MA Plan)
Submit claim to MA Plan, NOT MAC. MA plans vary, however Typically require prior authorization and may dictate infusion site be part of their network, however out of network can be possible.

Item No. 24G:
Enter the number of units based on the CPT or HCPCS code description
Infusion site to set rates/charges.

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