



**Sample Physician Office
Medicare/Managed Medicare
Non-Hospital Global**



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 02/12

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1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA OTHER 1a. INSURED'S ID NUMBER (For Program in Item 1)

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
Smith, Stephen S.

3. PATIENT'S BIRTH DATE
MM DD YY
01 17 1934 M F

5. PATIENT'S ADDRESS (No., Street)
123 Any Street

CITY **Any City** STATE

8. RESERVED FOR NUCC USE

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. 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

11. INSURED'S POLICY GROUP OR FECA NUMBER
9876543210

a. INSURED'S DATE OF BIRTH
MM DD YY
01 17 1934 M F

b. OTHER CLAIM ID (Designated by NUCC)

c. INSURANCE PLAN NAME OR PROGRAM NAME
Medicare Or MA Plan

d. IS THERE ANOTHER HEALTH BENEFIT PLAN?
 YES NO *If yes, complete items 9, 9a, and 9d.*

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

SIGNED **Signature on File**

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.

17a. ICD **9999999999**

17b. NPI **8888888888**

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) **CT06170268**

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to services line below (24E) ICD Ind. **0**

A. **G3184** B. **Z006**

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

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

24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY	B. PLACE OF SERVICE	C. PLACES	D. DIAGNOSIS POINTER	E. CHARGES	F. DAYS OR UNITS	G. FSDT Family Plan	H. ID. QUAL.	I. RENDERING PROVIDER ID. #
01 24 24 01 24 24	11	96365 Q0	AB	XXXX.XX	1		NPI	9999999999
01 24 24 01 24 24	11	J0174 Q0	AB	XXXX.XX	500		NPI	9999999999

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

23. PRIOR AUTHORIZATION NUMBER

24. AMOUNT PAID \$

30. Rsvd for NUCC use

PH # **555 5257 650**

Group **111**