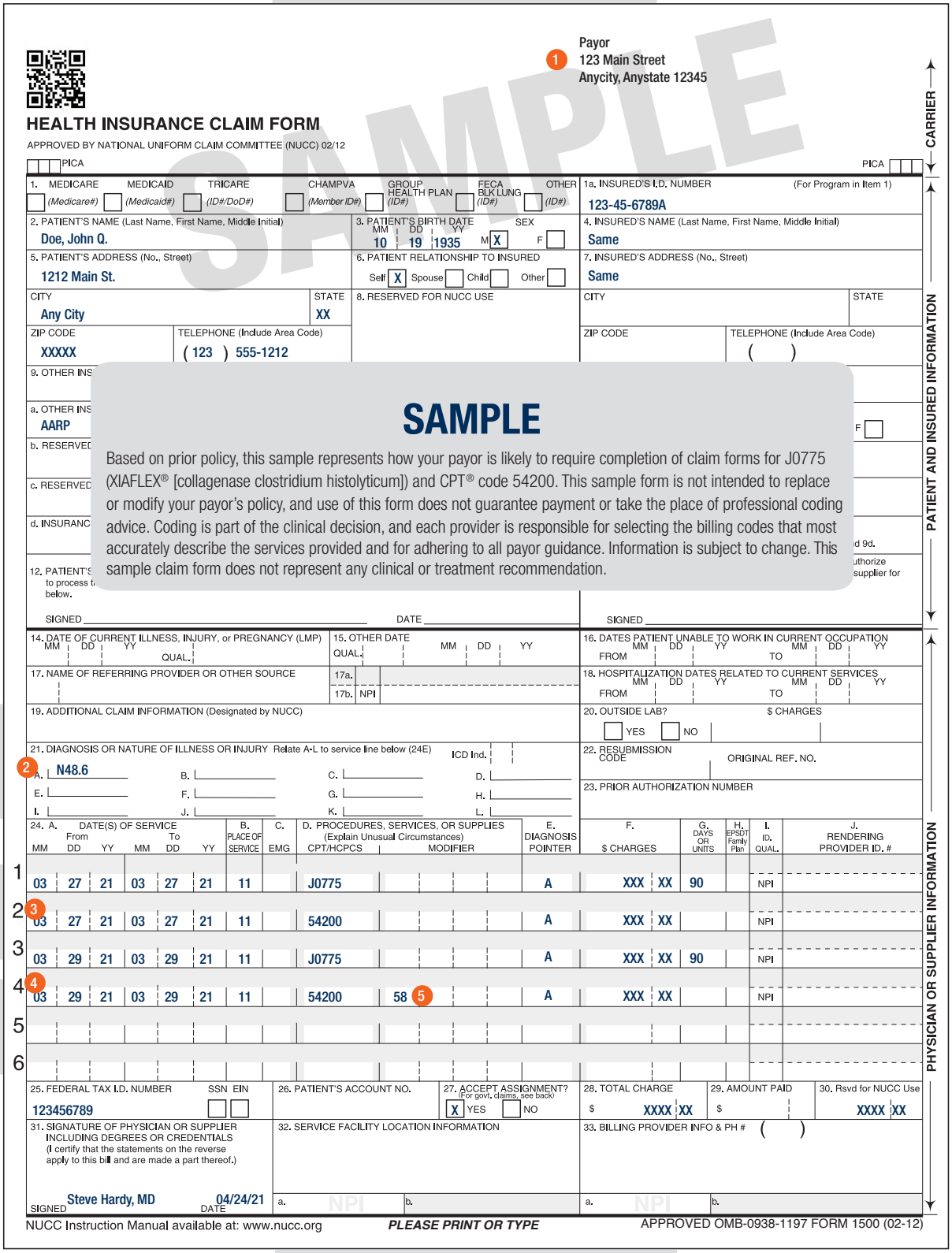
# Sample 1500 Claim Form Without Wastage

1 Addresses for paper claim submissions vary from state to state. Please visit the appropriate payor website for more information.



Payor
123 Main Street
Anycity, Anystate 12345

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123-45-6789A

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John Q.

3. PATIENT'S BIRTH DATE MM DD YY: 10 19 1935 SEX M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Same

5. PATIENT'S ADDRESS (No., Street): 1212 Main St.

6. PATIENT RELATIONSHIP TO INSURED: Self X Spouse Child Other

7. INSURED'S ADDRESS (No., Street): Same

CITY: Any City STATE: XX

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE: XXXXX TELEPHONE (Include Area Code): ( 123 ) 555-1212

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INS

a. OTHER INS: AARP

b. RESERVED

c. RESERVED

d. INSURANC

d 9d.

12. PATIENT'S to process i below.

uthorize supplier for

SIGNED DATE

SIGNED

PATIENT AND INSURED INFORMATION

CARRIER

**SAMPLE**

Based on prior policy, this sample represents how your payor is likely to require completion of claim forms for J0775 (XIAFLEX® [collagenase clostridium histolyticum]) and CPT® code 54200. This sample form is not intended to replace or modify your payor's policy, and use of this form does not guarantee payment or take the place of professional coding advice. Coding is part of the clinical decision, and each provider is responsible for selecting the billing codes that most accurately describe the services provided and for adhering to all payor guidance. Information is subject to change. This sample claim form does not represent any clinical or treatment recommendation.

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

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

A. N48.6 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 03 | 27 | 21 | 03 | 27 | 21 | 11 | | J0775 | | A | XXX XX | 90 | | NPI | |
| 2 | 03 | 27 | 21 | 03 | 27 | 21 | 11 | | 54200 | | A | XXX XX | | | NPI | |
| 3 | 03 | 29 | 21 | 03 | 29 | 21 | 11 | | J0775 | | A | XXX XX | 90 | | NPI | |
| 4 | 03 | 29 | 21 | 03 | 29 | 21 | 11 | | 54200 | 58 | A | XXX XX | | | NPI | |
| 5 | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | |

PHYSICIAN OR SUPPLIER INFORMATION

25. FEDERAL TAX I.D. NUMBER SSN EIN: 123456789

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO

28. TOTAL CHARGE $ XXXX XX

29. AMOUNT PAID $

30. Rsvd for NUCC Use XXXX XX

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

Steve Hardy, MD SIGNED 04/24/21 DATE

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

2 Include diagnosis code in the field.

3 Date of first injection.

4 Date of second injection.

5 Use – 58 to report the second injection in a treatment cycle as a staged procedure.

## INDICATION

XIAFLEX® is indicated for the treatment of adult men with Peyronie's disease with a palpable plaque and curvature deformity of at least 30 degrees at the start of therapy.

## IMPORTANT SAFETY INFORMATION FOR XIAFLEX

**WARNING: CORPORAL RUPTURE (PENILE FRACTURE) OR OTHER SERIOUS PENILE INJURY IN THE TREATMENT OF PEYRONIE'S DISEASE**

**Corporal rupture (penile fracture) was reported as an adverse reaction in 5 of 1044 (0.5%) XIAFLEX-treated patients in clinical studies. In other XIAFLEX-treated patients (9 of 1044; 0.9%), a combination of penile ecchymoses or hematoma, sudden penile detumescence, and/or a penile "popping" sound or sensation was reported, and in these cases, a diagnosis of corporal rupture cannot be excluded. Severe penile hematoma was also reported as an adverse reaction in 39 of 1044 (3.7%) XIAFLEX-treated patients.**

**Signs or symptoms that may reflect serious penile injury should be promptly evaluated to assess for corporal rupture or severe penile hematoma which may require surgical intervention.**

**Because of the risks of corporal rupture or other serious penile injury, XIAFLEX is available for the treatment of Peyronie's disease only through a restricted program under a Risk Evaluation and Mitigation Strategy (REMS) called the XIAFLEX REMS Program.**

- **Contraindications:** XIAFLEX is contraindicated in the treatment of Peyronie's plaques that involve the penile urethra due to potential risk to this structure and in patients with a history of hypersensitivity to XIAFLEX or to collagenase used in any other therapeutic application or application method
- **Corporal Rupture or Other Serious Injury to the Penis:** Injection of XIAFLEX into collagen-containing structures such as the corpora cavernosa of the penis may result in damage to those structures and possible injury such as corporal rupture (penile fracture). Therefore, XIAFLEX should be injected only into the Peyronie's plaque and care should be taken to avoid injecting into the urethra, nerves, blood vessels, corpora cavernosa or other collagen-containing structures of the penis. Cases of localized skin and soft tissue necrosis occurring as sequelae of penile hematoma, some requiring surgical intervention, have been reported post-marketing
- **Hypersensitivity Reactions, Including Anaphylaxis:** In the double-blind, placebo-controlled portions of the clinical trials in Peyronie's disease, a greater proportion of XIAFLEX-treated patients (4%) compared to placebo-treated patients (1%) had localized pruritus after up to 4 treatment cycles (involving up to 8 XIAFLEX injection procedures). The incidence of XIAFLEX-associated pruritus was similar after each injection regardless of the number of injections administered
  - Because XIAFLEX contains foreign proteins, severe allergic reactions to XIAFLEX can occur. Anaphylaxis was reported in a post-marketing clinical trial in one patient who had previous exposure to XIAFLEX for the treatment of Dupuytren's contracture. Healthcare providers should be prepared to address severe allergic reactions following XIAFLEX injections. The safety of more than one treatment course of XIAFLEX is not known
- **Risk of Bleeding in Patients with Abnormal Coagulation:** In the XIAFLEX controlled trials in Peyronie's disease, 65.5% of XIAFLEX-treated patients developed penile hematoma, and 14.5% developed penile ecchymosis. Patients with abnormal coagulation (except for patients taking low-dose aspirin, eg, up to 150 mg per day) were excluded from participating in these studies. Therefore, the efficacy and safety of XIAFLEX in patients receiving anticoagulant medications (other than low-dose aspirin, eg, up to 150 mg per day) within 7 days prior to XIAFLEX administration is not known. In addition, it is recommended to avoid use of XIAFLEX in patients with coagulation disorders, including patients receiving concomitant anticoagulants (except for low-dose aspirin)
- **Acute Post-Injection Back Pain Reactions:** Post-marketing reports of acute lower back pain reactions, sometimes accompanied by radiation to the lower extremities, chest and arms, muscle spasms, chest pain, paresthesias, headache, and dyspnea, have been received by patients treated with XIAFLEX for Peyronie's disease. These events can be mild to severe in intensity. The events typically lasted for 15 minutes and typically did not require intervention. Administer the smallest number of treatment cycles necessary to treat the patient's curvature deformity
- **Syncope and Presyncope:** Most, but not all cases of syncope and presyncope in patients with Peyronie's disease, occurred in association with post-injection penile pain and hematoma, penile pain with spontaneous erections, and pain during micturition. These potential triggers suggest a vasovagal mechanism. Make patients aware of the potential symptoms that could trigger syncope and presyncope after treatment with XIAFLEX. If presyncopal symptoms occur, patients should remain recumbent until symptoms resolve. Syncope may be associated with bodily injuries, including concussion, head abrasion, and other accidental injuries

**Adverse Reactions**

Clinical trials

- In the XIAFLEX clinical trials for Peyronie's disease, the most frequently reported adverse drug reactions (≥25%) and at an incidence greater than placebo included: penile hematoma, penile swelling, and penile pain.

Post-marketing experience

- Acute post-injection lower back pain reactions have occurred in close temporal proximity to XIAFLEX treatments
- Cases of localized skin and soft tissue necrosis events as sequelae of penile hematoma, some of which required surgical intervention
- Syncope and presyncope have been reported in men treated with XIAFLEX for Peyronie's disease. Most, but not all cases occurred in the immediate treatment period or within 1-2 days following injection. Bodily injuries associated with the syncopal events have been reported

**Click for full Prescribing Information, including Boxed Warning and Medication Guide.**

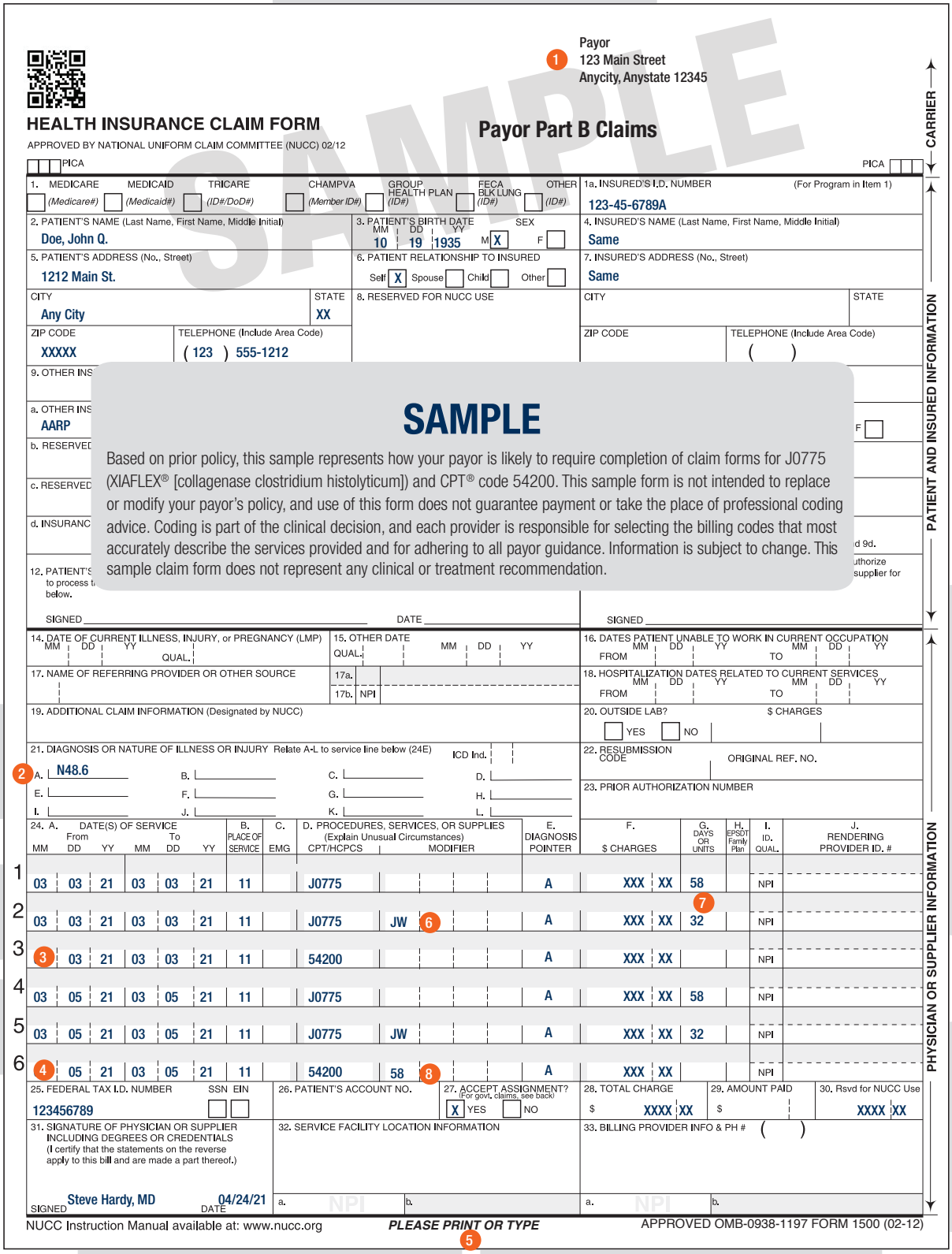
XIAFLEX®
collagenase clostridium histolyticum injection 0.9mg

endo


**MM-05797/August 2022** www.xiaflex.com 1-800-462-ENDO (3636)

# Sample 1500 Claim Form With Wastage

1 Addresses for paper claim submissions vary from state to state. Please visit the appropriate payor website for more information.



Payor
123 Main Street
Anycity, Anystate 12345

HEALTH INSURANCE CLAIM FORM

Payor Part B Claims

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

CARRIER

PICA

1. MEDICARE (Medicare#) MEDICAID (Medicaid#) TRICARE (ID#/DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)

1a. INSURED'S I.D. NUMBER (For Program in Item 1): 123-45-6789A

2. PATIENT'S NAME (Last Name, First Name, Middle Initial): Doe, John Q.

3. PATIENT'S BIRTH DATE MM DD YY: 10 19 1935 SEX: M X F

4. INSURED'S NAME (Last Name, First Name, Middle Initial): Same

5. PATIENT'S ADDRESS (No., Street): 1212 Main St.

6. PATIENT RELATIONSHIP TO INSURED: Self X Spouse Child Other

7. INSURED'S ADDRESS (No., Street): Same

CITY: Any City STATE: XX

8. RESERVED FOR NUCC USE

CITY STATE

ZIP CODE: XXXXX TELEPHONE (Include Area Code): ( 123 ) 555-1212

ZIP CODE TELEPHONE (Include Area Code) ( )

9. OTHER INS

a. OTHER INS: AARP

b. RESERVED

c. RESERVED

d. INSURANC

PATIENT AND INSURED INFORMATION

SAMPLE

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12. PATIENT'S to process t below.

SIGNED DATE

SIGNED

14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.

15. OTHER DATE QUAL. MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION MM DD YY FROM TO MM DD YY

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

17a.

17b. NPI

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES MM DD YY FROM TO MM DD YY

19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)

20. OUTSIDE LAB? YES NO $ CHARGES

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

A. N48.6 B. C. D.

E. F. G. H.

I. J. K. L.

22. RESUBMISSION CODE ORIGINAL REF. NO.

23. PRIOR AUTHORIZATION NUMBER

| 24. A. DATE(S) OF SERVICE From MM | DD | YY | To MM | DD | YY | B. PLACE OF SERVICE | C. EMG | D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS | MODIFIER | E. DIAGNOSIS POINTER | F. $ CHARGES | G. DAYS OR UNITS | H. EPSDT Family Plan | I. ID. QUAL. | J. RENDERING PROVIDER ID. # |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 03 | 03 | 21 | 03 | 03 | 21 | 11 | | J0775 | | A | XXX XX | 58 | | NPI | |
| 2 | 03 | 03 | 21 | 03 | 03 | 21 | 11 | | J0775 | JW 6 | A | XXX XX | 32 7 | | NPI | |
| 3 | 3 03 | 21 | 03 | 03 | 21 | 11 | | | 54200 | | A | XXX XX | | | NPI | |
| 4 | 03 | 05 | 21 | 03 | 05 | 21 | 11 | | J0775 | | A | XXX XX | 58 | | NPI | |
| 5 | 03 | 05 | 21 | 03 | 05 | 21 | 11 | | J0775 | JW | A | XXX XX | 32 | | NPI | |
| 6 | 4 05 | 21 | 03 | 05 | 21 | 11 | | | 54200 | 58 8 | A | XXX XX | | | NPI | |

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25. FEDERAL TAX I.D. NUMBER SSN EIN: 123456789

26. PATIENT'S ACCOUNT NO.

27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO

28. TOTAL CHARGE $ XXXX XX

29. AMOUNT PAID $

30. Rsvd for NUCC Use XXXX XX

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)

SIGNED Steve Hardy, MD DATE 04/24/21

32. SERVICE FACILITY LOCATION INFORMATION

a. NPI b.

33. BILLING PROVIDER INFO & PH # ( )

a. NPI b.

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE 5

APPROVED OMB-0938-1197 FORM 1500 (02-12)

2 Include diagnosis code in the field.

3 Date of first injection.

4 Date of second injection.

7 Use these fields to report units of drug used and discarded during the procedure. These amounts are provided as an example of the recommended dose and wastage in accordance with the XIAFLEX® Prescribing Information.

8 Use – 58 as the CPT code modifier to report the second injection in a treatment cycle as a staged procedure.

5 Include code 54235 on a separate claim form to report additional injection procedures (eg, inducement of erection via injectable agent).

6 Use JW when a single-use vial is opened and the entire quantity is not administered. This modifier must be used to indicate how much drug was discarded.

**Please see Indication and Important Safety Information on next page.**

**Click for full Prescribing Information, including Boxed Warning and Medication Guide.**

## INDICATION

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XIAFLEX®
collagenase clostridium histolyticum injection 0.9mg

endo


**MM-05798/August 2022** www.xiaflex.com 1-800-462-ENDO (3636)