

PROCRIT® (EPOETIN ALFA) CMS 1450 Sample Claim Form

1. Note ⇒ Most recent HCT or Hb levels. Other documentation must be available upon request.

2. Note ⇒ Either a therapeutic injection OR a clinic visit may be billed with PROCRIT® on the same date.

3. Note ⇒ Indicate appropriate CPT and HCPCS codes and modifiers, if required. HCPCS code J0885 should be utilized for PROCRIT® and should be considered equivalent to 1000 units. Consult your local payer for coding policy or call Janssen CarePath at 877-227-3728. Select appropriate modifier with J0885. [For more information, click here.](#)

4. Note ⇒ Indicate diagnosis using the appropriate ICD-10-CM code. Use FL 69 for inpatient visits and FL 70 for outpatient visits.

5. Note ⇒ Payer policies regarding use of the 10-digit NDC format (59676-302-02) or the 11-digit format (59676-0302-02) may vary. Consult your payer or call Janssen CarePath at 1-877-227-3728 to obtain specific coding guidance.

6. Note ⇒ Some payers may ask providers to specify name, dosage strength, & method of administration. Payer requirements vary. Note: Some payers require alternate product codes. Call Janssen CarePath at 877-227-3728 to confirm payer-specific coding requirements.

1 Sample CMS-1450 (UB-04)		2 Contact 877-227-3728		3a PAT. CNTL. #		4 TYPE OF BILL	
Illustrative Purposes ONLY		for state guidelines		b MED. REC. #		12x	
Last update: 01/15/2017				5 FED. TAX NO.		7 STATEMENT COVERS PERIOD FROM THROUGH	
8 PATIENT NAME a Joan Q. Public				9 PATIENT ADDRESS a 1250 Bayhill Drive, Anytown, USA			
10 BIRTH-DATE		11 SEX		12 DATE		13 ADMISSION 13 HR 14 TYPE 15 SRC	
16 DHR		17 STAT		18 19 20 21		22 CONDITION CODES 23 24 25 26 27 28 29 ACCT STATE 30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE	
35 OCCURRENCE DATE		36 OCCURRENCE DATE		37 OCCURRENCE DATE		38 OCCURRENCE DATE	
39 VALUE CODES AMOUNT		40 VALUE CODES AMOUNT		41 VALUE CODES AMOUNT		42 REV. CD.	
a 48 Hb reading		b 49 HCT reading		c 49 HCT reading		d 49 HCT reading	
43 DESCRIPTION		44 ICD-10-CM CODE		45 SERV. DATE		46 SERV. UNITS	
0636 Epoetin alfa, Non-ESRD, 1000 units		J0885		01/01/17		xx	
0510 Therapeutic injection*		96372		01/01/17		1	
47 TOTAL CHARGES		48 NON-COVERED CHARGES		49		50 PAYER NAME	
Facility-specific		Facility-specific				MEDICARE CLAIM UNDER APCs	
51 HEALTH PLAN ID		52 FILE INFO		53 PRIOR PAYMENTS		54 EST. AMOUNT DUE	
55 NPI		56 OTHER PRV ID		57		58	
59 INSURED'S NAME		60 INSURED'S UNIQUE ID		61 GROUP NAME		62 INSURANCE GROUP NO.	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME		66	
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