Independent Clinic Setting

Sample Medicare Claim Form: CMS-1500 Form (Physician Office)

Physician Office Claims (CMS-1500)[1]

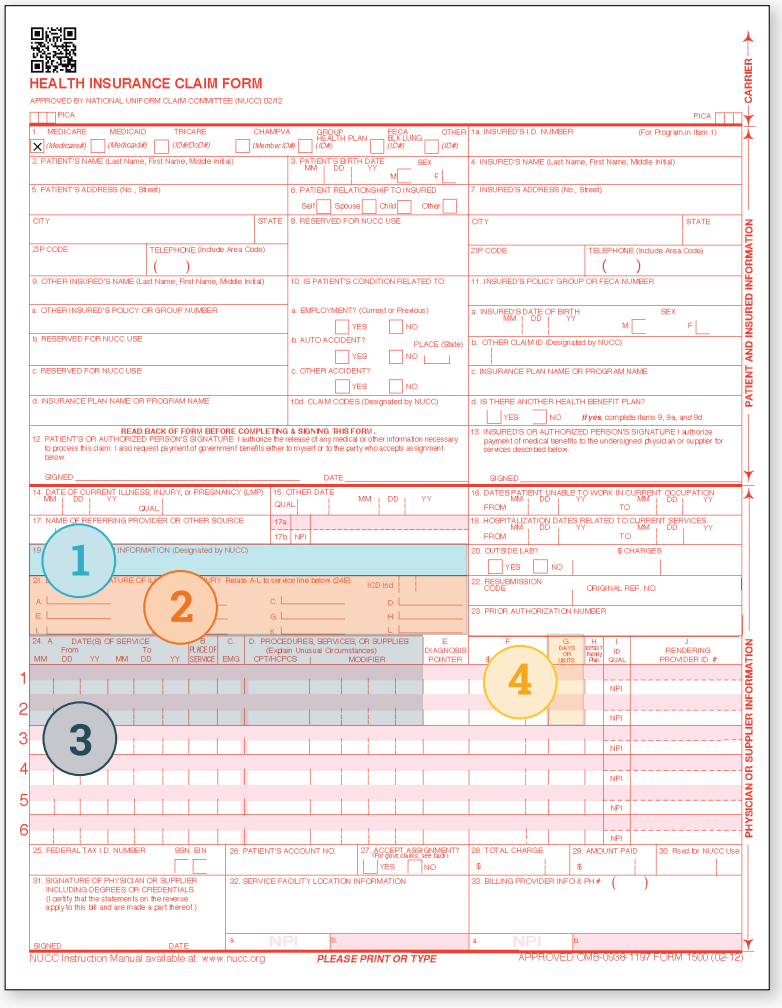
The Form CMS-1500 is the basic form prescribed by CMS for the Medicare and Medicaid programs for claims from suppliers and non-institutional providers that qualify for a waiver from the Administrative Simplification Compliance Act (ASCA) requirement for electronic submission of claims. It has also been adopted by the TRICARE Program. For detailed guidance on completing the CMS-1500 items, please see the Medicare Claims Processing Manual, Pub. 100-04, Chapter 26, available at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf

CMS Discarded Drug Policy[2,3]

- Payment for discarded amounts of drug/biological applies only to single-use vials or packages
- Multi-use vials are not subject to payment for discarded amounts
- Discarded amounts of drugs/biologicals must be recorded in the patient's medical record
- Medicare contractors require the JW modifier; other payer policies may vary

For example, a single-use vial that is labeled to contain 100 units of a drug has 95 units administered to the patient and 5 units discarded. The 95-unit dose a billed on one line, while the discarded 5 units are billed on another line accompanied by the JW modifier. Both line items will be processed for payment. Providers must record the discarded amounts of drugs and biologicals in the patient's medical record.

Please note: Providers and suppliers are required to report the JZ modifier on all claims that bill for drugs from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts.[4]



As of April 1, 2014, version 02/12 is required.

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Quzyttir®
Cetirizine HCl Injection
10 mg/mL

1

Field 19[2,3,5,6]

Billing with a specific HCPCS code can be processed through electronic billing; manual billing may still be required in certain circumstances. In those cases it may be necessary to provide the following information (see line 19) for payment: Specific drug information, i.e., drug name, NDC, dosage, strength, and route of administration. Please note that for billing purposes, the NDC field requires 11 digits. These NDCs are consistent with the Red Book and First Databank listings.

2

Field 21

Enter the appropriate ICD-10-CM diagnosis code. Additional diagnosis codes may apply.

3

Field 24, Column D[5,6]

Enter the appropriate HCPCS codes and CPT codes.

The HCPCS code for QUZYTTIR (cetirizine hydrochloride injection) is J1201. QUZYTTIR is an IV injection. Please check your local payers' injection and infusion policies and coverage and coding guidelines.

25 (Modifier on CMS-1500) (Box 24D)
Description: Significant, separately identifiable evaluation and management (E/M) service by the same physician or other qualified healthcare professional on the same day of the procedure or other service.
Indication:
- Patient requires distinct E/M service in addition to the infusion procedure
- Must be substantiated by documentation that supports the relevant criteria for the reported service

JW (Modifier on CMS-1500) (Box 24D)
Drug amount discarded/not administered to any patient
- Applies only to the unused drug that is discarded after applicable dose has been administered from a single-use vial
- Append the modifier to the drug code on a line separate from that reporting the administered dose

JZ (Modifier on CMS-1500) (Box 24D)
Zero drug wasted
- Applies to any drug from single-dose containers that are separately payable under Medicare Part B when there are no discarded amounts
- Append the modifier to the right of the primary code under the column marked "modifier"

4

Field 24, Column G

Enter the number of units administered. J1201 has a billable unit per 0.5 mg.

REFERENCES

1. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 26: Completing and Processing the Form CMS-1500 Data Set. Accessed August 12, 2026. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c26.pdf
2. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 12: Physicians/Non-Physician Practitioners. Accessed August 12, 2026. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
3. Centers for Medicare & Medicaid Services. Medicare Claims Processing Manual. Chapter 17: Drugs and Biologicals. Accessed August 12, 2026. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c17.pdf
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5. Noridian Healthcare Solutions. Revenue codes. Accessed August 12, 2026. https://med.noridianmedicare.com/web/jea/topics/claim-submission
6. Centers for Medicare & Medicaid Services. Medicare Program: Discarded drugs and biologicals - JW Modifier and JZ Modifier Policy frequently asked questions. Accessed August 12, 2026. https://www.cms.gov/medicare/medicare-fee-for-service-payment/hospitaloutpatientpps/downloads/jw-modifier-faqs.pdf