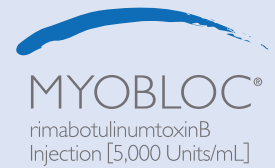


SAMPLE CMS-1500 CLAIM FORM



For Product Administered in the
Physician's Office—Effective 01/01/12

1500
HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/08

1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID) GROUP HEALTH PLAN (SSN or ID) FECA (SSN) OTHER (ID)

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

3. PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)

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

5. PATIENT'S ADDRESS (No. Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

6. PATIENT RELATIONSHIP TO INSURED (Self Spouse Child Other)

7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)

8. PATIENT STATUS (Employed Full-Time Student Part-Time Student)

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO: (a. OTHER INSURED'S POLICY OR GROUP NUMBER, b. OTHER INSURED'S DATE OF BIRTH, c. EMPLOYER'S NAME OR SCHOOL NAME, d. INSURANCE PLAN NAME OR PROGRAM NAME)

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES

19. RESERVED FOR LOCAL USE

20. OUTSIDE LAB? YES NO

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Reads items 1, 2, 3 & 4 to (NPI) (4) by LHM)

22. MEDICAID RESUBMISSION CODE

23. PRIOR AUTHORIZATION NUMBER

	A. DATE(S) OF SERVICE	B. PLACE OF SERVICE	C. EMG	D. PROCEDURES, SERVICES, OR SUPPLIES	E. DIAGNOSIS POINTER	F. \$ CHARGES	G. DTS OR UNITS	H. ICD-9-CM	I. ID. QUAL.	J. RENDERING PROVIDER ID. #
1	01 05 12 01 05 12			J0587	1	200				
2	01 05 12 01 05 12			64613	1	1				
3	01 05 12 01 05 12			95874	1	1				
4										
5										
6										

24. FEDERAL TAX ID. NUMBER (SSN EIN)

25. PATIENT'S ACCOUNT NO.

26. ACCEPT ASSIGNMENT? (YES NO)

27. TOTAL CHARGE \$

28. AMOUNT PAID \$

29. BALANCE DUE \$

30. SIGNATURE OF PHYSICIAN OR SUPPLIER

31. SERVICE FACILITY LOCATION INFORMATION

32. BILLING PROVIDER INFO & PH #

33. SIGNATURE OF PHYSICIAN OR SUPPLIER

34. DATE

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

A Block 21:
Enter the appropriate ICD-9-CM diagnosis code, e.g., 333.83 (spasmodic torticollis). Other diagnosis codes may be appropriate.

B Block 24, Column D:
Enter the appropriate HCPCS and CPT codes:

- MYOBLOC; J0587 – Botulinum Toxin Type B (per 100 Units) for intra-muscular administration.
- Administration, e.g., 64613 – Chemodeneration of muscle(s); cervical spinal muscle(s) (e.g., for spasmodic torticollis). Other administration codes may be appropriate.
- EMG, e.g., 95874 – Needle electromyography for guidance in conjunction with chemodeneration. (List separately in addition to code for primary procedure).

C Block 24, Column E:
For each HCPCS or CPT code, insert the number corresponding to the appropriate diagnosis code entered in Block 21.

D Block 24, Column G:
Enter the number of billing Units. For J0587, a billing Unit is per 100 Units of MYOBLOC.
 Please note that not all claims processing systems allow three digits in this field. In these cases Units administered that are equal to or greater than 10,000 may need to be broken down on multiple lines, (e.g., 99 and 1 for 10,000 Units or 99, 98, and 3 for 20,000 Units).
 This billing example is for 20,000 Units.

E Block 19:
Some payers may require the NDC number when submitting a claim. If required, the NDC numbers are entered with a "0" (11 digit NDC#) in the 6th position (please see 11-digit NDC numbers below). The NDC number should be indicated in the electronic documentation field (Loop 2300, or 2400, NTE, 02) for MOST payers. Please check individual payer requirements prior to submission. If you are permitted to submit paper claims, include this information in Item 19 of the CMS-1500 claim form.

- 10454-0710-10 MYOBLOC 2,500 Units/0.5 mL
- 10454-0711-10 MYOBLOC 5,000 Units/1 mL
- 10454-0712-10 MYOBLOC 10,000 Units/2 mL

The above diagnosis and procedure codes are provided as examples only. The healthcare provider is responsible for determining the appropriate codes for an individual patient.

See boxed warning and Important Safety Information on next page. Also see full Prescribing Information and Medication Guide at www.myobloc-reimbursement.com.

ICD-9-CM codes are based on the World Health Organization (WHO) *International Classification of Diseases*, 9th edition. Solstice Neurosciences, LLC assumes no liability for information contained herein. Solstice Neurosciences, LLC claims no ownership or other interest in the ICD-9-CM codes. ICD-9-CM codes are provided herein for reference only and are not intended to convey any endorsement or sponsorship by, or affiliation with, the WHO.

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CPT code 64613 is the usual CPT code for administration of MYOBLOC for the treatment of spasmodic torticollis (otherwise known as cervical dystonia). Other administration codes may be appropriate.

Service & Support

1-888-461-2255

9:00 AM - 6:00 PM Eastern Time Monday-Friday

Reimbursement • Ordering • Information

www.myobloc.com

MYOBLOC is indicated for the treatment of adults with cervical dystonia to reduce the severity of abnormal head position and neck pain associated with cervical dystonia.

Important Safety Information

MYOBLOC has a boxed warning related to the distant spread of toxin effect: The effects of MYOBLOC and all botulinum toxin products may spread from the area of injection to produce symptoms consistent with botulinum toxin effects. These symptoms have been reported hours to weeks after injection. Swallowing and breathing difficulties can be life threatening and there have been reports of death. The risk of symptoms is probably greatest in children treated for spasticity but symptoms can also occur in adults, particularly in those patients who have underlying conditions that would predispose them to these symptoms. In unapproved uses, including spasticity in children and adults, and in approved indications, cases of spread of effect have occurred at doses comparable to those used to treat cervical dystonia and at lower doses.

The most frequently reported adverse events with MYOBLOC are dry mouth, dysphagia, dyspepsia, and injection site pain. The vast majority of these adverse events were mild to moderate, temporary, self-resolving, and more common with higher doses. These adverse events may occur within the first week following treatment and may have a duration of several months. In controlled clinical trials, few patients (<1%) stopped treatment due to dry mouth or dysphagia. There is a reduced frequency of dry mouth and dysphagia reported with continued treatment. Dysphagia has commonly been reported by patients treated with all botulinum toxins for cervical dystonia.

Caution should be exercised when administering MYOBLOC to individuals with motor neuron disease (eg, amyotrophic lateral sclerosis), peripheral motor neuropathic diseases (eg, motor neuropathy) or neuromuscular junctional disorders (eg, myasthenia gravis or Lambert-Eaton syndrome). These patients may be at increased risk of clinically significant systemic effects including severe dysphagia and respiratory compromise from typical doses of MYOBLOC. In these patients, rare cases of dysphagia severe enough to cause aspiration pneumonia or to warrant the insertion of a gastric feeding tube have also been reported.

Coadministration of MYOBLOC and aminoglycosides or other agents interfering with neuromuscular transmission (eg, curare-like compounds) should only be performed with caution as the effect of the toxin may be potentiated.



For more information about our Reimbursement Services and Patient Assistance Programs, or to obtain application forms, please call

1-888-461-2255, option 3 or visit our Web site at

www.myobloc-reimbursement.com

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