

# Physician Office Sample CMS-1500 Claim Form

**GAMMAGARD LIQUID**  
[Immune Globulin Infusion (Human)] 10%

**GAMMAGARD LIQUID ERC**  
[Immune Globulin Infusion (Human)]  
≤2 µg/mL IgA in a 10% Solution

The CMS-1500 claim form is the standard claim form for billing Medicare Fee-For-Service (FFS) contractors and can be used by physician offices to bill many government and private insurers.<sup>1</sup>

**A Diagnosis Code | Box 21** Enter "0" in the ICD Ind. box to indicate that ICD-10-CM codes are being reported. Document the appropriate diagnosis code(s) corresponding to the patient's diagnosis. Left justify the codes and do not include the decimal point

**B Date(s) of Service | Box 24A** Capture dates of service by providing the first and last days of service. Additionally, in cases where payers require a narrative description, enter the applicable qualifier and code information in the shaded space above the service date fields. Providers must verify information requirements with the payer

**C Place of Service | Box 24B** Document place of service using the 2-digit code from the place of service list for each item used or service performed. The list of codes can be found on the [CMS website](#)

**D Procedure, Service, or Supply Code | Box 24D**  
Document the appropriate HCPCS code, J1569, for GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC\*<sup>†</sup>  
- For Medicare Part B, for intravenous (IV) use the J-code and the CMS IV modifier JA: J1569JA<sup>2,3</sup>  
- For subcutaneous (SC), use the J-code and the CMS SC modifier JB: J1569JB<sup>2,3</sup>  
On a separate line, document the procedure performed, using the appropriate CPT® code as required by the payer.

**E Diagnosis Pointer | Box 24E** Enter the diagnosis code reference letter (pointer) as listed in Box 21 to relate the date of service and the procedures performed to the relevant diagnosis. The reference letter(s) should be A-L or multiple letters as applicable. If listing multiple letters, do not use commas between the letters. For example, Box 24E could have an "A" listed or even multiple letters such as "ABC"

**F Service Units | Box 24G** Report number of units; for example, 500 mg=1 unit (per HCPCS J1569 definition)<sup>2</sup>

This guide does not represent a promise or guarantee of coverage and payment for any individual patient or treatment. Correct coding is the responsibility of the provider submitting a claim for the item or service. Please check with the payer to verify codes and any special billing requirements.

**HEALTH INSURANCE CLAIM FORM**  
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

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

**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) **6. PATIENT RELATIONSHIP TO INSURED** Self Spouse Child Other **7. INSURED'S ADDRESS** (No. Street)

**8. RESERVED FOR NUCC USE** **9. OTHER INSURED'S NAME** (Last Name, First Name, Middle Initial) **10. IS PATIENT'S CONDITION RELATED TO:** a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO c. OTHER ACCIDENT? YES NO **11. INSURED'S POLICY GROUP OR FECA NUMBER**

**12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. **13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE** I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

**14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)** MM / DD / YY **15. OTHER DATE** MM / DD / YY **16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION** FROM MM / DD / YY TO MM / DD / YY

**17. NAME OF REFERRING PROVIDER OR OTHER SOURCE** **17a.** QUAL. **17b.** NPI **18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES** FROM MM / DD / YY TO MM / DD / YY

**19. ADDITIONAL CLAIM INFORMATION** (Designated by NUCC) **20. OUTSIDE LAB?** YES NO **21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY** (Include A-L to service line below (24E) ICD Ind. **22. DISMISSAL CODE** ORIGINAL REF. NO. **23. PRIOR AUTHORIZATION NUMBER**

A.	B.	C.	D.	E.	F.	G.	H.	I.	J.
DATE(S) OF SERVICE	PLACE OF SERVICE	PROCEDURES, SERVICES, OR SUPPLIES	DIAGNOSIS POINTER	S CHARGES	ORIG. OR FIRM. REF.	IND. QUAL.	RENDERING PROVIDER ID. #		
MM / DD / YY	MM / DD / YY	EMG. (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	I, L	S					

**25. FEDERAL TAX ID. NUMBER** **SSN/EIN** **26. PATIENT'S ACCOUNT NO.** **27. ACCEPT ASSIGNMENT?** YES NO **28. TOTAL CHARGE** \$ **29. AMOUNT PAID** \$ **30. Paid for NUCC Use**

**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. **32. SERVICE FACILITY LOCATION INFORMATION** **33. BILLING PROVIDER INFO & PH #** ( )

SIGNED DATE **PLEASE PRINT OR TYPE** APPROVED OMB-0938-1197 FORM 1500 (02-12)

Looking for billing codes specific to GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC? Click here for a billing and coding guide.



For billing and coding education, please contact your Takeda Field Access Manager (FAM).

\*Medicare Advantage and Commercial plan billing requirements vary. Please check with the plan to confirm plan-specific requirements.

<sup>†</sup>When billing for Medicare Part B drugs and biologics, the use of the JW modifier to identify unused drugs or biologics from single-use vials or single-use packages that are appropriately discarded is required. The discarded amount shall be billed on a separate claim line using the JW modifier. Providers are required to document the discarded drug or biologic in the patient's medical record. The use of the JZ modifier is required on claims to report there are no discarded amounts of unused drugs or biologics from single-use vials or single-use packages.<sup>3</sup>

CMS=Centers for Medicare & Medicaid Services; CPT=Current Procedural Terminology; HCPCS=Healthcare Common Procedure Coding System; ICD-10-CM=International Classification of Diseases, Tenth Revision, Clinical Modification.

Please see Important Safety Information on pages 2 and 3 and click for Full Prescribing Information, including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure for GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC.

## INDICATIONS

GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC are indicated as replacement therapy for primary humoral immunodeficiency (PI) in adult and pediatric patients ≥2 years.

GAMMAGARD LIQUID is also indicated as a maintenance therapy to improve muscle strength and disability in adult patients with Multifocal Motor Neuropathy (MMN) and as a therapy to improve neuromuscular disability and impairment in adult patients with Chronic Inflammatory Demyelinating Polyneuropathy (CIDP).

LIMITATIONS OF USE (CIDP): GAMMAGARD LIQUID has not been studied in immunoglobulin-naïve patients with CIDP. GAMMAGARD LIQUID maintenance therapy in CIDP has not been studied for periods longer than 6 months. After responding during an initial treatment period, not all patients require indefinite maintenance therapy with GAMMAGARD LIQUID in order to remain free of CIDP symptoms. Individualize the duration of any treatment beyond 6 months based upon the patient's response and demonstrated need for continued therapy.

GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC for PI are for intravenous or subcutaneous use.

GAMMAGARD LIQUID for MMN and CIDP is for intravenous use only.

## IMPORTANT SAFETY INFORMATION

### WARNING: THROMBOSIS, RENAL DYSFUNCTION, and ACUTE RENAL FAILURE

- **Thrombosis may occur with immune globulin (IG) products, including GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC. Risk factors may include advanced age, prolonged immobilization, hypercoagulable conditions, history of venous or arterial thrombosis, use of estrogens, indwelling vascular catheters, hyperviscosity, and cardiovascular risk factors. Thrombosis may occur in the absence of known risk factors.**
- **Renal dysfunction, acute renal failure, osmotic nephrosis, and death may occur in predisposed patients with immune globulin intravenous (IGIV) products. Patients predisposed to renal dysfunction include those with any degree of pre-existing renal insufficiency, diabetes mellitus, age greater than 65, volume depletion, sepsis, paraproteinemia, or patients receiving known nephrotoxic drugs. Renal dysfunction and acute renal failure occur more commonly in patients receiving IGIV products containing sucrose. GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC do not contain sucrose.**
- **For patients at risk of thrombosis, administer GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC at the minimum dose and infusion rate practicable. Ensure adequate hydration in patients before administration. Monitor for signs and symptoms of thrombosis and assess blood viscosity in patients at risk of hyperviscosity.**

## Contraindications

- GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC are contraindicated in patients with a history of anaphylactic or severe systemic hypersensitivity reactions to human IG, and IgA-deficient patients with antibodies to IgA and a history of hypersensitivity to human IG. Anaphylaxis has been reported with intravenous (IV) use of GAMMAGARD LIQUID.
- GAMMAGARD LIQUID ERC is contraindicated in patients with a history of anaphylactic or severe systemic hypersensitivity reactions to the administration of GAMMAGARD LIQUID ERC.

## Warnings and Precautions

**Hypersensitivity:** Severe hypersensitivity reactions may occur, with IG products even in patients previously treated with human IG Products. If a hypersensitivity reaction occurs, discontinue infusion immediately and institute appropriate treatment. IgA-deficient patients with antibodies to IgA are at greater risk of developing potentially severe hypersensitivity reactions, including anaphylaxis.

**Renal Dysfunction/Failure:** Acute renal dysfunction/failure, acute tubular necrosis, proximal tubular nephropathy, osmotic nephrosis may occur with IG products. Acute renal failure has been reported in association with GAMMAGARD LIQUID. Ensure patients are not volume depleted prior to infusion. In patients at risk due to pre-existing renal insufficiency or predisposition to acute renal failure, administer at the minimum rate of infusion practicable. Assess renal function before initiation and throughout treatment, and consider lower, more frequent dosing. If renal function deteriorates, consider discontinuation.

**Aseptic Meningitis Syndrome:** Has been reported with use of IG products. Conduct a thorough neurological exam on patients exhibiting signs and symptoms, to rule out other causes of meningitis. Discontinuing IG treatment has resulted in remission within several days without sequelae. The syndrome usually begins within several hours to two days following IG treatment.

**Hemolysis:** GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC contain blood group antibodies, which may cause a positive direct antiglobulin reaction and hemolysis. Monitor patients for signs and symptoms of hemolysis and delayed hemolytic anemia and, if present, perform appropriate confirmatory lab testing.

## IMPORTANT SAFETY INFORMATION (continued)

### Warnings and Precautions (continued)

**Transfusion-Related Acute Lung Injury:** Non-cardiogenic pulmonary edema has been reported with IV-administered IG, including GAMMAGARD LIQUID. Monitor patients for pulmonary adverse reactions. If suspected, perform appropriate tests for presence of anti-neutrophil and anti-HLA antibodies in both product and patient serum. Manage using oxygen therapy with adequate ventilatory support.

**Transmittable Infectious Agents:** Because GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC are made from human plasma, there is a risk of transmitting infectious agents (e.g., viruses, other pathogens). No confirmed cases of viral transmission of variant Creutzfeldt-Jakob disease (vCJD) have been associated with GAMMAGARD LIQUID.

**Interference with Lab Tests:** False positive serological test results and certain assay readings, with the potential for misleading interpretation, may occur as the result of passively transferred antibodies.

**Hyperproteinemia, increased serum viscosity, and hyponatremia** may occur. It is critical to distinguish true hyponatremia from a pseudohyponatremia because certain treatments may lead to volume depletion, a further increase in serum viscosity, and a predisposition to thromboembolic events.

### Adverse Reactions

#### GAMMAGARD LIQUID

The serious adverse reactions observed in clinical studies in PI was aseptic meningitis, and in MMN were pulmonary embolism and blurred vision.

The most common adverse reactions observed in ≥5% of patients were:

IV administration for PI: headache, fatigue, pyrexia, nausea, chills, rigors, pain in extremity, diarrhea, migraine, dizziness, vomiting, cough, urticaria, asthma, pharyngolaryngeal pain, rash, arthralgia, myalgia, oedema peripheral, pruritus, and cardiac murmur.

Subcutaneous administration for PI: infusion site (local) event (rash, erythema, edema, hemorrhage, and irritation), headache, fatigue, heart rate increased, pyrexia, abdominal pain upper, nausea, vomiting, asthma, blood pressure systolic increased, diarrhea, ear pain, aphthous stomatitis, migraine, oropharyngeal pain, and pain in extremity.

IV administration for MMN: headache, chest discomfort, muscle spasms, muscular weakness, nausea, oropharyngeal pain, and pain in extremity.

IV administration for CIDP: Headache, pyrexia, anemia, leukopenia, neutropenia, illness, blood creatinine increased, dizziness, migraine, somnolence, tremor, nasal dryness, abdominal pain upper, vomiting, chills, nasopharyngitis, and pain in extremity.

#### GAMMAGARD LIQUID ERC

The safety of GAMMAGARD LIQUID ERC in patients with primary humoral immunodeficiency (PI) is supported by two clinical studies conducted on GAMMAGARD LIQUID. No clinical studies have been conducted using GAMMAGARD LIQUID ERC.

IV administration: The most common adverse reactions observed in ≥5% of patients in study 1 were headache, fatigue, pyrexia, chills, nausea, pain in extremity, diarrhea, migraine, vomiting, dizziness, urticaria, cough, asthma, oropharyngeal pain, infusion site extravasation, arthralgia, rash, myalgia, pruritus, and cardiac murmur.


Subcutaneous administration: The most common adverse reactions observed in ≥5% of patients in study 2 were infusion site (local) event, headache, pyrexia, fatigue, heart rate increased, abdominal pain upper, vomiting, arthralgia, nausea, asthma, blood pressure systolic increased, diarrhea, ear pain, aphthous ulcer, migraine, oropharyngeal pain, and pain in extremity.

### Drug Interactions

Passive transfer of antibodies may transiently interfere with the immune responses to live attenuated virus vaccines (e.g., measles, mumps, rubella, and varicella).

**Please click for Full Prescribing Information, including Boxed Warning regarding Thrombosis, Renal Dysfunction and Acute Renal Failure for GAMMAGARD LIQUID and GAMMAGARD LIQUID ERC.**

**References:** 1. Medicare billing: 837P and form CMS-1500. Centers for Medicare & Medicaid Services. March 2013. Accessed August 5, 2025. <https://www.cms.gov/files/document/837p-cms-1500pdf> 2. HCPCS code J1569. HCPCS.codes. Accessed August 5, 2025. <https://hcpcs.codes/j-codes/J1569/> 3. Billing and coding: immune globulin. Centers for Medicare & Medicaid Services. October 3, 2018. Updated January 1, 2025. Accessed August 5, 2025. <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=57778&ver=32&>

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