

DRUG WITH ASSIGNED HCPCS DRUG CODE,  
STOCKED BY PHYSICIAN AND ADMINISTERED AT THE OFFICE

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

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1. MEDICARE <input type="checkbox"/> (Medicare #)		MEDICAID <input type="checkbox"/> (Medicaid #)		TRICARE CHAMPVA <input type="checkbox"/> (Sponsor's SSN)		CHAMPVA <input type="checkbox"/> (Member ID#)		GROUP HEALTH PLAN <input type="checkbox"/> (SSN or ID)		FECA BLK (LUNG) <input type="checkbox"/> (SSN)		OTHER <input checked="" type="checkbox"/> (ID)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 123-45-6789					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Smith, Jane N.				3. PATIENT'S BIRTH DATE MM DD YY 01 20 71				SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial) Smith, Jane N.									
5. PATIENT'S ADDRESS (No., Street) 123 Main Street				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street) 123 Main Street											
CITY Anytown		STATE USA		8. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		CITY Anytown		STATE USA		ZIP CODE 12345		TELEPHONE (Include Area Code) ( )							
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO c. OTHER ACCIDENT?				11. INSURED'S POLICY GROUP OR FECA NUMBER 12345											
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. INSURED'S DATE OF BIRTH MM DD YY				SEX M <input type="checkbox"/> F <input type="checkbox"/>		b. EMPLOYER'S NAME OR SCHOOL NAME									
b. OTHER INSURED'S DATE OF BIRTH MM DD YY				10a. RESERVED				11. INSURANCE PLAN NAME OR PROGRAM NAME											
c. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				12. SIGNATURE OF PHYSICIAN OR SUPPLIER Signature on File				DATE 01/01/09											
d. OTHER INSURED'S DATE OF BIRTH MM DD YY				13. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)				15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE				17a. _____				17b. NPI											
19. RESERVED FOR LOCAL USE Implanon 68 mg 00052-0272-01				20. OUTSIDE LAB? <input type="checkbox"/> NO <input type="checkbox"/> YES				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 15, 16) 1. V25.5											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY				B. PLACE OF SERVICE EMG		C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS DIAGNOSTIC POINTER		F. \$ CHARGES		G. DAYS OF UNITS		H. FEE/UNIT		I. QUAL		J. PROVIDER ID #	
1		01 01 08		01 01 08		11 1		11981		\$				NPI					
2		01 01 08		01 01 08		11 1		J7307		\$		1		NPI					
3										\$				NPI					
4										\$				NPI					
5										\$				NPI					
6										\$				NPI					
25. FEDERAL TAX I.D. NUMBER 123-45-6789				SSN EIN		26. PATIENT'S ACCOUNT NO. 123		27. ACCEPT ASSIGNMENT? (For gen. bills, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$ XXX XX		29. AMOUNT PAID \$		30. BALANCE DUE \$ XXX 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.)				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH # John Brown, MD 111 Hospital Drive Anytown, USA 12345											
SIGNED				DATE				a. NPI				b. NPI							

**Optional:**  
Name, dosage, and NDC number of medication administered

**National Provider Identifier:**  
Enter appropriate NPI as assigned by CMS  
(Note: see also Boxes 24, 32, 33)

**Diagnosis Code:**  
ICD-9-CM code for appropriate diagnosis or nature of illness

**Administration Code:**  
CPT code for an insertion

**Medication charge**

**Required: Drug Code**  
Appropriate HCPCS drug code: J7307

**Quantity of medication used**

NUCC Instruction Manual available at: [www.nucc.org](http://www.nucc.org)

APPROVED OMB-0938-0999 FORM CMS-1500 (08-05)

The information contained in this document is provided for sample use only and represents no statement, promise, or guarantee by Schering-Plough Corporation concerning levels of reimbursement, payment, or charge. The healthcare provider is responsible for checking the insurer's policies to decide and confirm coding or billing requirements. The healthcare provider is responsible for completing claim forms using codes that accurately reflect the patient's condition, procedures performed, and products used.

**IMPLANON**<sup>®</sup>  
(etonogestrel implant) 68mg

[www.IMPLANON-USA.com](http://www.IMPLANON-USA.com)  
1.877.IMPLANON

# Know the proper billing codes\*

IMPLANON® is a contraceptive implant that is inserted subdermally into the inner side of a woman's upper arm. To accurately bill and obtain reimbursement, it is important for you to know which billing codes to use to describe IMPLANON® and any procedures related to it.

Possible ICD-9-CM Diagnosis Codes*	Definition
V25.5	Encounter for contraceptive management, insertion of implantable subdermal contraceptive
V25.43	Encounter for contraceptive management, surveillance of previously prescribed contraceptive methods (checking, reinsertion, or removal of contraceptive device), implantable subdermal contraceptive
V45.52	Other postprocedural states, presence of contraceptive device, subdermal contraceptive implant
J-Code	Definition
J7307	Etonogestrel (contraceptive) implant system, including implant and supplies

Possible CPT† Administration Codes	Definition
11981	Insertion, non-biodegradable drug delivery implant
11982	Removal, non-biodegradable drug delivery implant
11983	Removal, with reinsertion, non-biodegradable drug delivery implant
11975	Insertion, implantable contraceptive capsules
11976	Removal, implantable contraceptive capsules
11977	Removal, with reinsertion, implantable contraceptive capsules
NDC	Drug Name
00052-0272-01	<b>IMPLANON® (etonogestrel implant) 68 mg</b>

\*Other codes may also be appropriate for IMPLANON®; healthcare professionals should use their best clinical judgment when selecting an appropriate code.

†CPT=Current Procedural Terminology.

IMPLANON® (etonogestrel implant) is indicated for women for the prevention of pregnancy.

IMPLANON® must be removed by the end of the third year and may be replaced by a new IMPLANON® at the time of removal, if continued contraceptive protection is desired.

## IMPORTANT SAFETY INFORMATION

**Women should be informed that this product does not protect against infection from HIV (the virus that causes AIDS) or other sexually transmitted diseases.**

**Serious consequences may be associated with the insertion and removal of IMPLANON®. IMPLANON® should be inserted subdermally so that it is palpable after insertion. Failure to insert IMPLANON® properly may go unnoticed unless the implant is palpated immediately after insertion. Deep insertions may lead to difficult or impossible removals. Failure to remove IMPLANON® may result in infertility, ectopic pregnancy, or inability to stop a drug-related adverse event. Undetected failure to insert IMPLANON® may lead to an unintended pregnancy.**

In clinical trials, 1.0% of patients had complications at implant insertion and 1.7% had complications at implant removal. Deep insertions may result in the need for a surgical procedure in an operating room in order to remove IMPLANON®. When IMPLANON® is inserted too deeply, this may cause neural or vascular damage. Too deep insertions have been associated with paraesthesia and migration of the implant and, in rare cases, with intravascular insertion. In postmarketing use, there have been cases of failure to localize and remove the implant, probably due to deep insertion. All healthcare providers performing insertions and/or removals of IMPLANON® must receive instruction and training and, where appropriate, supervision prior to inserting or removing IMPLANON®.

IMPLANON® should not be used in women who have the following conditions: known or suspected pregnancy, current or past history of thrombosis or thromboembolic disorders, hepatic tumors (benign or malignant), active liver disease, undiagnosed abnormal genital bleeding, known or suspected carcinoma of the breast (or a personal history of breast cancer), or hypersensitivity to any of the components of IMPLANON®.

### Pregnancy must be excluded before inserting IMPLANON®.

The use of IMPLANON® and other progestin-only hormonal contraceptives have been associated with ectopic pregnancy, bleeding irregularities, and ovarian cysts. The use of hormonal contraceptives is associated with increased risks of several serious cardiovascular conditions including myocardial infarction, stroke, venous thromboembolism, deep venous thrombosis, retinal vein thrombosis, and pulmonary embolism. There have been postmarketing reports of serious thromboembolic events, including cases of pulmonary emboli (some fatal) and strokes, in patients using IMPLANON®. IMPLANON® should be removed in the event of a thrombosis. Consider removal of IMPLANON® in case of long-term immobilization due to surgery or illness. Women with a history of thromboembolic disorders should be made aware of the possibility of a recurrence.

Cigarette smoking increases the risk of serious cardiovascular side effects from the use of hormonal contraceptives. This risk increases with age (women over 35 years of age) and with heavy smoking. Women who use hormonal contraceptives should be advised not to smoke.

In clinical trials including 942 patients, bleeding irregularities (11%) were the most common adverse event causing discontinuation of IMPLANON®. Adverse events reported in >5% of subjects include headache, vaginitis, weight increase, acne, breast pain, upper respiratory tract infection, abdominal pain, pharyngitis, leukorrhea, influenza-like symptoms, dizziness, dysmenorrhea, back pain, emotional lability, nausea, pain, nervousness, sinusitis, depression, and insertion site pain.

Please see accompanying full Prescribing Information.

 Schering-Plough

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