

CINVANTI® (aprepitant) injectable emulsion

Sample CMS-1450 (UB-04) Claim Form

Form locator (FL) 42: Revenue code

Enter the appropriate revenue code corresponding to the HCPCS code in FL 44.

Examples:

- Revenue code 0631 is used for a single-source drug
- Revenue code 0636 is used for drugs that require detailed coding

FL 43*: Description

Enter the name of the product and the description of the administration service.

Example:

- CINVANTI (aprepitant), NDC 47426-0201-01 (single-dose vial) 130 mg used IV

* Requirements for coding may differ by payer.

FL 44: HCPCS code

Enter the appropriate HCPCS and CPT codes.

Examples:

- C9463 (Injection, aprepitant, 1 mg)
- J3490* (unclassified drugs)
- 96367 (intravenous infusion, for therapy, prophylaxis, or diagnosis; additional sequential infusion of a new drug/substance, up to 1 hour)

Other administration codes may be applicable.

*Heron Therapeutics has filed an application for a product-specific J-code with the Centers for Medicare and Medicaid Services (CMS) under the HCPCS Level II Coding Procedures process.

FL 74: Principal procedure code/date

Enter the appropriate ICD-10 diagnosis code.

Examples:

- R11.0 (nausea)
- R11.10 (vomiting, unspecified)
- R11.11 (vomiting without nausea)
- R11.12 (projectile vomiting)
- R11.13 (vomiting of fecal matter)
- R11.14 (bilious vomiting)
- R11.2 (nausea with vomiting, unspecified)
- T45.1X5* (adverse effects of antineoplastic and immunosuppressive drugs)
- Z41.9* (encounter for other procedures for purposes other than remedying health state)
- Z51.11*† (encounter for antineoplastic chemotherapy)

*Supplementary Classification Code

†Required when given within 48 hours of moderately or highly emetogenic chemotherapy

The image shows a sample CMS-1450 (UB-04) Claim Form. The form is divided into several sections: 1. Patient Information (1-7), 2. Admission Information (8-17), 3. Procedure Information (18-37), 4. Charges (38-49), 5. Insurance Information (50-63), 6. Treatment/Authorization (64-65), 7. Procedure Details (66-73), and 8. Remarks (74-79). Callouts point to specific fields: FL 42 (Revenue code) points to field 38; FL 43* (Description) points to field 43; FL 44 (HCPCS code) points to field 44; FL 74 (Principal procedure code/date) points to field 74; FL 67A-Q (Diagnosis code) points to field 74; and FL 46 (Service units) points to field 46. A large 'SAMPLE' watermark is overlaid on the form.

FL 67A-Q:

Enter the primary diagnosis code on line A, the secondary diagnosis code on line B, tertiary on line C, etc.

FL 46: Service units

Enter the appropriate number of units.

This document is provided for your guidance only. Coding requirements may vary by payer; please consult the payer to determine which codes are required.

Please contact Heron Connect at **1-844-HERON11 (1-844-437-6611)** from 8 AM to 8 PM ET, Monday through Friday, to verify coding and claim information.