

# SUSTOL® (granisetron) extended-release injection

## 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:

- SUSTOL 10 mg/0.4 mL
- NDC 47426-0101-06 (single-dose kit), 10 mg granisetron/0.4 mL

\* Requirements for coding may differ by Payer.

### FL 44: HCPCS code

Enter the appropriate HCPCS or CPT codes.

#### Examples:

- J1627 Injection, granisetron extended-release, 0.1 mg
  - Effective for SUSTOL administered on or after January 1, 2018
- Procedural code 96372 (therapeutic, prophylactic, or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular)

### 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

### 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.

#### Examples:

Enter 100 units for one SUSTOL single-dose syringe, which contains 10 mg granisetron per 0.4 mL.

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.