CINVANTI[®] (aprepitant) injectable emulsion Sample CMS-1500 Claim Form

Form locator (FL) 19: NDC number(s)

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

FL 21: Diagnosis or nature of illness or injury

Enter the appropriate ICD-10 diagnosis code as documented in the medical record.

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 24D: Procedures, services, or supplies

Enter the appropriate HCPCS and CPT codes.

Examples:

- J0185 (Injection, aprepitant, 1 mg)
- 96367 (intravenous infusion, for therapy, prophylaxis, or diagnosis; additional sequential infusion of a new drug/ substance, up to 1 hour)
- 96375 (Therapeutic, prophylactic or diagnostic IV push, new substance/ drug)

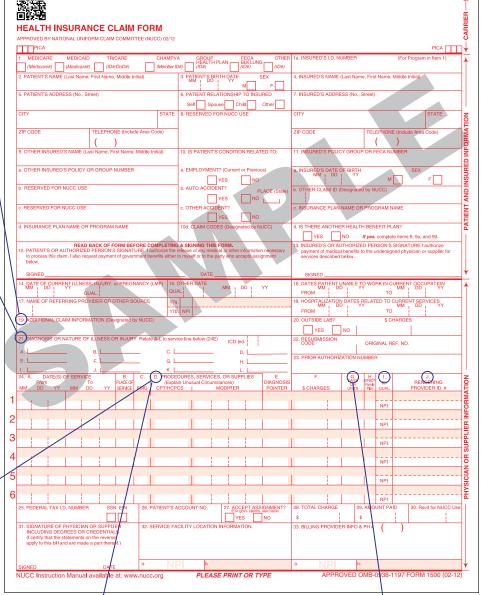
Other administration codes may be applicable.

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



Q

α



Please use the appropriate HCPCS Modifier

Effective July 1, 2023, providers are **required** to report the JZ modifier on all claims that bill for drugs from singledose containers that are separately payable **when there are no discarded amounts**. The modifier may be used as of January 1, 2023, however, after July 1, 2023, use of the modifier is required.

FL 24G: Days or units

Enter the appropriate number of units.

Example:

• Enter 130 for a single-dose vial containing 130 mg/18 mL aprepitant injectable emulsion

Please ensure that appropriate HCPCS modifier is used based on units administered.

Example:

 If 130 units are administered, the JZ modifier is required.



Please contact Heron Connect at **1-844-HERON11 (1-844-437-6611)** from 8 AM to 5 PM ET, Monday through Friday, to verify coding and claim information.

www.cinvanti.com