

Sample CMS-1450 (UB-04) Claim Form

Coding, coverage, and reimbursement may vary significantly by payer, plan, patient, and setting of care. Actual coverage and reimbursement decisions are made by individual payers following the receipt of claims. For additional information, customers should consult with their payers for all relevant coding, reimbursement, and coverage requirements. It is the sole responsibility of the provider to select the proper code and ensure the accuracy of documentation used in seeking coverage or reimbursement. All services must be medically appropriate and properly supported in the patient medical record.

Field 42 – Revenue Code(s)

Enter the appropriate revenue code corresponding to the HCPCS or CPT code for field 44.

Example: For HCPCS J1454, the appropriate revenue code may be 0636 for drugs and biologicals that require specific identification as required by the payer.

Field 43 - Description

Enter the name of the product.

- **Example:** AKYNZE0 235 mg fosnetupitant/0.25 mg palonosetron per 20 mL injection, NDC # 69639-106-01 (single-dose vial) IV
- Requirements for coding may differ by payer

Field 44 – HCPTS/CPT Code

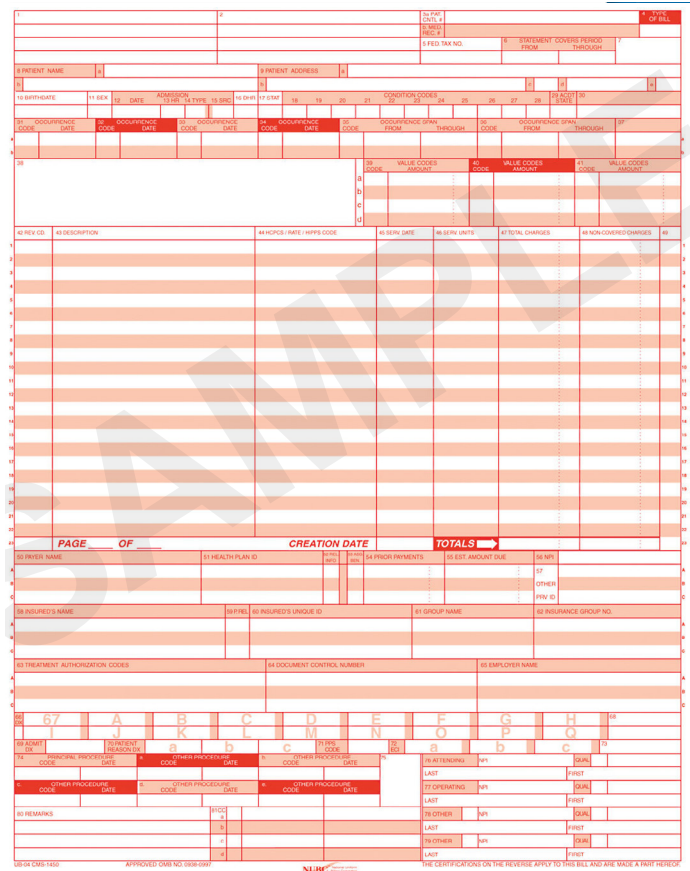
Enter the appropriate HCPCS and CPT codes.

Examples:

- CPT code: 96367, intravenous infusion for therapy, prophylaxis, or diagnosis (specify substance or drug); additional sequential infusion of a new drug/substance, up to 1 hour
- HCPCS code: J1454

For more information about AKYNZE0, please see the full [US Prescribing Information](#).

If you have any questions or need more information, please email accountsupport@helsinn.com.

The image shows a sample CMS-1450 (UB-04) Claim Form. The form is divided into several sections, including Patient Information, Service Information, and Billing Information. The form is filled out with sample data, including patient name, address, date of service, and various codes. The form is a standard CMS-1450 (UB-04) form used for billing services.

Field 67 – Diagnosis Code(s)

Enter the appropriate diagnosis codes (related to nausea/vomiting), with the primary diagnosis code on line A, the secondary diagnosis code on line B, etc.

Requirements for diagnosis coding will vary by payer, so please check with the payer to verify coding requirements.

Field 46 – Service Units

Enter the appropriate number of units.

Example: Enter “1” for a single-dose vial of fosnetupitant 235 mg/palonosetron 0.25 mg.