## Hospital outpatient department: Sample CMS-1450 (UB-04) claim form

The CMS-1450 (UB-04) form is used for billing prescribed medications such as ZUSDURI™ (mitomycin) for intravesical solution administered in a hospital outpatient department setting. Refer to the notes below when populating the fields, which contain essential information the plans require for reimbursement. You are required to code to the highest level of specificity. Contact the third-party payer if you have questions about their specific procedures.

See additional HCPCS codes listed to the left, which may be applicable depending on the health insurance plan.

Enter the 4-digit revenue code that best describes the service provided, in accordance with hospital billing policy.

Enter a detailed description of the drug for the payer. List the N4 indicator first and the 11-digit NDC number second. Third, add the unit of measurement qualifier, then the unit quantity at the end.

FL 44-46

Bill for ZUSDURI with the following HCPCS codes:

C9399 – Unclassified drugs or biologicals

J9999 – Not otherwise classified, antineoplastic drugs

J3490\* – Unclassified drugs

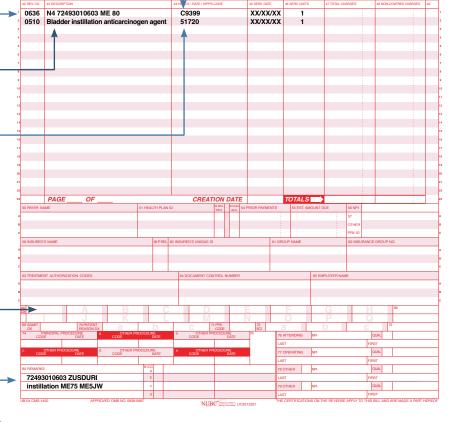
J3590\* – Unclassified biologics

To report the administration procedure, enter the appropriate CPT® code 51720 and corresponding service units.

FL 66

Enter the appropriate ICD-10-CM diagnosis codes for bladder cancer, which may include:

- C67 Malignant neoplasm of bladder
- C67.0 Malignant neoplasm of trigone of bladder
- C67.1 Malignant neoplasm of dome of bladder
- C67.2 Malignant neoplasm of lateral wall of bladder
- C67.3 Malignant neoplasm of anterior wall of bladder
- C67.4 Malignant neoplasm of posterior wall of bladder
- C67.5 Malignant neoplasm of bladder neck
- C67.6 Malignant neoplasm of ureteric orifice
- C67.7 Malignant neoplasm of urachus
- C67.8 Malignant neoplasm of overlapping sites of bladder
- C67.9 Malignant neoplasm of bladder, unspecified



Enter the drug name, the quantity of drug administered, route of administration, and NDC in the remarks section as needed. This can be required by payers when billing an HCPCS code.

When billing with a miscellaneous code, wastage is recorded here. For example, if a patient receives 75 mg from an 80-mg vial of medication, the 5 mg wastage is recorded as "ME5JW."

\*Code used where applicable.

CPT, Common Procedural Terminology; FL, Form Locator; HCPCS, Healthcare Common Procedure Coding System; ICD-10-CM, International Classification of Diseases, Tenth Revision, Clinical Modification; NDC, National Drug Code.

Content is informational only and does not constitute medical, legal, or reimbursement advice and represents no statement, promise, or guarantee of payment. The provider is solely responsible for determining appropriate treatment for the patient based on the unique medical needs of each patient and the independent judgment of the provider. It is also the responsibility of the provider to determine payer-appropriate coding, medical necessity, site of service, documentation requirements, and payment levels and to submit appropriate codes, modifiers, and charges for services rendered. Although we have made every effort to provide information that is current at the time of its issue, it is recommended you consult your legal counsel, reimbursement/compliance advisor, and/or payer organization(s) for interpretation of payer-specific coding, coverage, and payment expectations.



