



C9088

SAMPLE CLAIM FORM CMS-1450 (UB-04)

HOPD, ASC (Non-Medicare Payers; Confirm With Payer)

Complete the information needed to bill for the procedure. **ZYNRELEF must be billed using a separate line.**

**Field 42:** Include revenue code 0636.

**Field 43:** Include the required additional information (eg, product name and NDC).

Example:

- For 400 mg/12 mg (14 mL) kit: ZYNRELEF, 47426-0301-02
- For 200 mg/6 mg (7 mL) kit: ZYNRELEF, 47426-0303-01

Payer NDC requirements and placement may vary; confirm with payer or Heron Connect.

**Field 44:** Specify HCPCS Code for ZYNRELEF, **C9088**.

To indicate that the complete single-dose vial was administered, use the HCPCS modifier JZ.<sup>a</sup>

If a portion of the single-use vial was discarded, document it on a separate line using the HCPCS modifier JW.

Commercial: Confirm coding with payers or by contacting Heron Connect.

**Field 46:** Specify the number of units administered. **The billable unit for C9088 is 1 mg/0.03 mg.** For example, 400 mg/12 mg (14 mL) corresponds to 400 billable units.

<sup>a</sup>For dates of service on or after July 1, 2023, the JZ modifier is required on claims for single-dose containers when no amount was discarded.

1													38 PAT. CNTRL # B. MED. REC. #			4 TYPE OF BILL																																											
2													5 FED. TAX NO.			6 STATEMENT COVERS PERIOD FROM			7 THROUGH																																								
8 PATIENT NAME									9 PATIENT ADDRESS																																																		
10 BIRTHDATE			11 SEX		12 DATE			13 HR			14 TYPE		15 SRC		16 DHR			17 STAT			18			19			20			21			22			23			24			25			26			27			28			29 ACCT STATE			30		
31 OCCURRENCE DATE			32 OCCURRENCE DATE			33 OCCURRENCE DATE			34 OCCURRENCE DATE			35 CODE			OCCURRENCE SPAN FROM			THROUGH			36 CODE			OCCURRENCE SPAN FROM			THROUGH			37																													
38			39 CODE			VALUE CODES AMOUNT			40 CODE			VALUE CODES AMOUNT			41 CODE			VALUE CODES AMOUNT																																									
42 REV. CD.			43 DESCRIPTION			44 HCPCS / RATE / HIIPS CODE			45 SERV. DATE			46 SERV. UNITS			47 TOTAL CHARGES			48 NON-COVERED CHARGES			49																																						
XXXX			XXXXXXXXXX			XXXXXX			XX-XX-XX			1			XXX XX																																												
0636			ZYNRELEF, [NDC]			C9088 JZ			XX-XX-XX			XXX			XXX XX																																												
PAGE													OF			CREATION DATE			TOTAL \$																																								
50 PAYER NAME													51 HEALTH PLAN ID			52 REL. BFRD.			53 ASST. BEN.			54 PRIOR PAYMENTS			55 EST. AMOUNT DUE			56 NPI																															
																									57 OTHER PRV. ID																																		
58 INSURED'S NAME													59 PREL.			60 INSURED'S UNIQUE ID			61 GROUP NAME			62 INSURANCE GROUP NO.																																					
63 TREATMENT AUTHORIZATION CODES													64 DOCUMENT CONTROL NUMBER			65 EMPLOYER NAME																																											
66													67			68			69			70			71			72			73																												
69 ADMIT. DX			70 PATIENT REASON DX			71 PPS CODE			72 ECI			73			74			75			76 ATTENDING			NPI			QUAL																																
74			PRINCIPAL PROCEDURE DATE			OTHER PROCEDURE DATE			OTHER PROCEDURE DATE			OTHER PROCEDURE DATE			76			LAST			NPI			FIRST																																			
77			OPERATING			NPI			QUAL			78			LAST			NPI			FIRST																																						
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UB-04 CMS-1450 APPROVED OMB NO. 0938-0997 NUBC National Uniform Billing Committee LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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 5 PM ET, Monday through Friday, to verify coding and claim information.

For more information, visit [HeronConnect.com](https://www.HeronConnect.com)



Please see full Prescribing Information, including Boxed Warning.

